

21ST CCLC AFTER-SCHOOL PROGRAM REGISTRATION FORM

***Return forms by August 24th**

WHO'S INVITED?

ALL STUDENTS

WHEN?

MON. - THURS., AFTER SCHOOL - 5:30PM &

MORNING TUTORING - 7:20AM-7:50AM

***Will you be using school bus transportation to transport home after the program ending at 5:30pm?**

Circle one: Yes or No

First & Last Name of Student (print in spaces below)	Date of Birth	Grade	Gender/Ethnicity	Special Needs/Allergies

***Contact 21CCLC Director with questions about the program.**

Primary Language: _____

Lunch Status (Circle one): Full Free Reduced Unknown

***Student attendance is on a Needs-Based Priority & Available Space**

Parent/Guardian Information

*Please note that the individual(s) listed in this space will be permitted to sign the child out.

Student Home Address: _____

Parent/Guardian Name(s): _____

Parent/Guardian Relationship to student: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Pick up Authorization

First and Last Name	Address	Relationship to Student	Phone Number(s)	Circle all that apply
				<input type="checkbox"/> Pick up <input type="checkbox"/> Lives with <input type="checkbox"/> Emergency Contact
				<input type="checkbox"/> Pick up <input type="checkbox"/> Lives with <input type="checkbox"/> Emergency Contact
				<input type="checkbox"/> Pick up <input type="checkbox"/> Lives with <input type="checkbox"/> Emergency Contact

I understand that any of the above-named individuals are authorized to pick up my child. I agree to pick up my child from the After-School Program by 5:30. If I am unable to do so, I authorize the program to release my child to one of the people on the above list.

Signed: _____ **Date:** _____

*If legal restrictions are in effect. Please list person(s) not allowed to see student(s) at Site and/or persons not allowed to pick up students per legal restrictions.

First and Last Name of Restricted Person(s): _____

This page must be signed by a Parent/Guardian for all student participants.

I hereby give permission for the participant(s) listed on the first page to take part in the 21st Century Community Learning Centers (CLC) activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. I agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify the 21st Century Community Learning Center staff.

I give my consent to the Ashland Independent School District and the 21st Century Community Learning Centers (CCLC) programs to take the participant's photograph during program activities, to be used for education and public relations purposes. I further give my consent to the School District and the 21st Century Community Learning Centers (CCLC) to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that the 21st Century Community Learning Center will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement. The student data will also be used to fulfill the State and Federal annual progress reporting requirements to obtain continued funding for the program.

I hereby certify that I have read and do understand the above information:

Signed: _____ Date: _____

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