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| Homeroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Walnut Grove Elementary LEAP** |
| **21st CCLC YOUTH Participant Registration Form – 2016-2017 School Year**  |

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| **\*\*\* PLEASE PRINT \*\*\*** |

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| Last Name | First Name | MI | Date of Birth | Student ID |
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| **\*\*\* New REGISTRANTS AREA - PLEASE COMPLETE FOR ALL PARTICIPANTS IN THE HOUSEHOLD - PLEASE PRINT \*\*\*** |

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| **Grade** \_\_\_\_**Gender**(check 1)[ ] F[ ] M | **Ethnicity**(check 1)[ ] Asian[ ] Black [ ] Hispanic[ ] White [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Primary Language**(check 1)[ ] English[ ] Other[ ] Spanish[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any known Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip Code** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-mail** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Lives With**(check 1)[ ] Both parent [ ] Foster Care [ ] Grandparents [ ] Guardian [ ] Joint Custody [ ] Father [ ] Mother [ ] Other \_\_\_\_\_\_\_\_\_\_\_  | **Transportation**(check 1)[ ] Picked up [ ] School BusProgram Needs[ ] Morning Care [ ] Afterschool [ ] Both  |

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| Parent/Guardian Last Name | First Name | Home Phone | Work Phone | Relationship |
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| **ADDITIONAL CONTACTS:** List additional contacts for the child(ren) and use the check boxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick up the student(s).* |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | First Name | Address | Home Phone | Work Phone | Relationship | Pick Up? | Emergency Contact | Lives With? |
|   |   |   |   |   |   | [ ] | [ ] | [ ] |
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| [ ] Check box if medical or legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions. |

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| Explain |   |
|  Please return to Judy Sanders ASAP |   |

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| **Parent/Guardian Permission For 21st CCLC** | **\* PLEASE READ CAREFULLY \*** |

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| ***Must be signed by Parent/Guardian for participants 18 and under*** |
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| Accept | Decline |   |
| **X** |  | I agree to participate in the Community Learning Center (CLC) programs and activities and I hereby give permission for the participant(s) listed on the reverse side to take part in the School Districts 21st Century Community Learning Centers (CLC) activities, which may include off-site events, academic assistance, continuing education, and recreational programs. |
| **X** |  | If a medical emergency arises, 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. |
| **X** |  | 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. |
| **X** |  | I hereby give my consent to the School District's 21st Century Community Learning Centers (CLC) programs to take the participant's photograph during program activities, to be used for education and public relations purposes in conjunction with the School District's 21st CCLC programs. |
| **X** |  | I hereby give permission for my child's artwork, poetry or other work produced in conjunction with the School District's 21st Century Community Learning Centers (CLC) programs to be used for education and public relations purposes. |
| **X** |  | I understand that the information to be posted may include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personal identifiable information such as my child's address, phone number, or social security number. |
| **X** |  | I further give my consent to the School District and the 21st Century Community Learning Centers (CLC) to share the participant's student records with each other for purposes of providing educational support and assistance. |
| **X** |  | I understand that the School District will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program. |
| **X** |  | I hereby certify that I have read and do understand the above information. |

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| I hereby certify that I have read and do understand the above information:Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **21st CCLC ADULT Participant Registration--**  |

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| **\*\*PLEASE COMPLETE FOR EACH ADULT PARTICIPANT - PLEASE PRINT \*\*\*** |

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| **Last Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Middle** \_\_\_\_\_**I have family member(s) that attend this school during the day** [ ] Yes [ ] No **Family Members Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Gender**(check 1)[ ] F[ ] M | **Ethnicity**(check 1)[ ] Asian[ ] Black[ ] Data Not Available[ ] Hispanic[ ] White [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Primary Language**(check 1)[ ] Data Not Available[ ] English[ ] Spanish[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip Code** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-mail** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Carefully read and sign below:I agree to participate in the Community Learning Center programs and activities. If a medical emergency arises, staff will take steps necessary to ensure my safety and will call, if needed, a public emergency vehicle to transport me to a medical facility. I understand that I will be responsible for any charges and medical expenses incurred. I also give my consent to the CLC program to take my photograph during CLC activities, to be used for educational and public relations purposes. I further give my consent to the CLC program to share my participant records with each other for purposes of educational support and assistance. In addition, I understand that the CLC may use my participant records to evaluate individual progress, as well as to evaluate the overall impact of the program to obtain continued funding for the program.**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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