

Please attach the \$50.00 registration fee to this application. Please circle your child's shirt size: YS YM YL YXL AS AM AL

**TWENTY FIRST CENTURY COMMUNITY LEARNING CENTER
SUMMER SCHOOL PROGRAM**

Ider High School Registration Form

(You must complete a separate registration form for each child attending the program.)

Check one:

Nationality: White African American American Indian Hispanic Other (specify) _____

What lunch status does your child have? Free lunch Reduced Paid

Child's Full Name: _____ Grade _____

Mailing Address: _____ City: _____ Zip: _____

Who does child live with? both parents Mother Father Other (please specify who and the relationship?) _____

Father/Guardian Name: _____ Mother/Guardian Name: _____

Father/Guardian Cell/Home Phone: _____ Mother/Guardian Cell/Home Phone _____

Place of work for Father/Guardian: _____ Work phone: _____

Place of work for Mother/Guardian: _____ Work phone: _____

Please provide the names and ages of any sibling attending this program:

Please list any information regarding your child that the staff may need to know:

PICK UP INFORMATION: List persons other than parents or guardians listed above who are authorized for pick-up or who can be called in case of an emergency when the above persons cannot be reached. Children will NOT be released to anyone who is not listed below. Persons listed below should be prepared to show photo ID when picking up child.

| Name | Relationship | Phone Number |
|-------------|---------------------|---------------------|
|-------------|---------------------|---------------------|

Please list anyone who is NOT permitted to pick up your child:

Signature: _____ Date: _____

THE STATE OF ALABAMA, DEKALB COUNTY

I, a Notary Public, hereby certify that _____ whose name is signed to the foregoing instrument or conveyance, and who is known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, he/she/they executed the same voluntarily on the day the same bears date.

Given under my hand this _____ day of _____, A. D. 20____.

Notary Public _____

My commission expires: _____

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Please select all that apply: I give permission for my child to

Have his/her picture taken and published in regards to the 21st CCLC after school care publications

To be filmed during activities at the after school program for the purpose of making a video for the program.

To use the Internet for educational purposes while at the after school program.

It is imperative that all spaces below are filled and registration is considered incomplete if they are not. If any area does not apply, please use N/A for Not Applicable

Medical Information:

Medical problems/physical activity restrictions: _____

Please list any food your child is allergic to _____

Is your child allergic to bee stings? Yes No (If yes, does he/she carry EpiPen on their persons? Yes No)

Doctor's name and Phone Number: _____

Hospital preferred: _____

Name of insurance company _____

Insurance Policy Number _____

Inclement Weather/Emergency Dismissal:

Please be advised that the 21st CCLC summer program will NOT be in operation in the event of any emergency closing or inclement weather dismissal. Notification of such a dismissal or closing will be broadcast over the local radio or television stations and school messenger. Please listen for this information.

If bad weather should occur during the day after 8:00 am (this would be after the CCLC summer school program begins) and the students are dismissed from school, we will load students on the bus and return to the designated bus stops. If you will not be able to meet the bus at the stop, please make arrangements for immediate pick-up so that your child and our staff may get home safely. Check which option your child will be getting home in the event of a weather emergency:

Ride bus home

My child will be a car rider. Please call me at _____ so I can come pick up my child.

Parent/Guardian Acknowledgement

I hereby acknowledge that I understand the 21st CCLC Policies, Procedures, and Guidelines as presented to me by the 21st CCLC staff, and I have been given a parent/student handbook which outlines all the rules for the 21st CCLC. I understand the discipline policy and payment procedures. Furthermore, I understand that my child will not be able to attend this program if inappropriate behavior occurs and if applicable fees are not received by the due dates.

Medical Release

In the event my child needs emergency or medical treatment, every attempt will be made to contact you, the parent or guardian. In the event we cannot contact you, your signature below gives permission to the 21st CCLC to secure prompt treatment. (Note: Failure to sign does not relieve parent/guardian and/or student from compliance.)

I understand and will comply with all the 21st CCLC and DeKalb County School policies and procedures. I am attaching the \$50.00 registration fee for the summer program with this application.

Signature: _____ Date: _____