

Please attach the \$10.00 registration fee to this application.

**TWENTY FIRST CENTURY COMMUNITY LEARNING CENTER
AFTER 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
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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: _____

Please attach the \$10.00 registration fee to this application.

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 schoolcare 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 after schoolcare will NOT be in operation in the event of any emergency closing or inclement weather dismissal, prior to 3:00 p.m. or before the school day begins. Notification of such a dismissal or closing will be broadcast over the local radio or television stations. Please listen for this information.

In the event of early dismissal from school there will be no after schoolcare program. Check which option your child will be getting home:

_____Ride bus home Bus Number _____ Bus Driver Name _____

_____My child will be a car rider

If bad weather should occur after 3:00 pm (this would be after the CCLC after school program begins), please make arrangements for immediate pick-ups so that your child and our staff may get home safely. No notification from the Central Office will be given after 3:00 p.m.

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 \$10.00 registration fee with this application.

Signature: _____ Date: _____