

21st Century Afterschool Program Registration 2018-19
Grades K-6

Student's name _____

Parent's name _____

Grade _____ Teacher _____

DOB _____ Attended Last year? _____ yes _____ no

Student is eligible for free or reduced lunch _____ yes _____ no.

Best Contact number for after school hours

2nd Contact number _____

- My child will be picked up
- My child will walk (walkers are released at 5:20)

Please list any person(s) that have permission to pick up your child.

Emergency contact person _____

Emergency phone _____

Medical information: please list any major health problems or concerns,
along with medications and/or allergies, and preferred doctor.

Please read and sign the acknowledgments and consents on the back of this form. A signature is required for any student to participate.

I hereby authorize the staff of the 21st Century Afterschool program to give consent to medical treatment in the case of an emergency.

Initial _____

I hereby give permission for mutual exchange of information between the 21st Century Afterschool program and the school regarding health and safety issues, food program status, immunization, academic records, and ethnicity. Initial _____

I acknowledge that the 21st Century Afterschool Program and/ or its sponsors may utilize film, print, and digital images of a student or a family, which may be taken during involvement in the 21st Century Afterschool Program activities. I consent to such uses and hereby waive all rights for compensation. Initial _____

Signature of parent or guardian _____

Date _____

- Yes I would love to share my expertise with the participants of the program as a parent volunteer! If yes please contact Mrs. Henrie at chenrie@teameureka.net

***Please fill out separate forms for each child attending**