

## 21<sup>st</sup> Century AfterSchool Registration

**Student First Name:** \_\_\_\_\_ Middle: \_\_\_\_\_ Last \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_ DOB (mmddyy) \_\_\_\_\_ Ethnicity \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Occupation (Optional) \_\_\_\_\_

Father's work Phone: \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Occupation (Optional) \_\_\_\_\_

Mother's work Phone: \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ Occupation (Optional) \_\_\_\_\_

Guardian's work Phone: \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

**Member lives with:** Mother \_\_\_\_\_ Father \_\_\_\_\_ Grandparent \_\_\_\_\_ Other \_\_\_\_\_

Number in household: \_\_\_\_\_

### **Local emergency contact OTHER than parent:**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student \_\_\_\_\_

### **School Information:**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

### **Persons authorized to pick up Student:**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone: \_\_\_\_\_

**I, the undersigned (as a parent or guardian of the participant, a minor), hereby give permission for mutual exchange of information between the 21<sup>st</sup> Century AfterSchool Program and the school regarding health and safety issues, food program status, immunization records and academic achievement.**

**Signature:** \_\_\_\_\_

**Acknowledgment and Consent:** For Internal and external use, I acknowledge that the 21<sup>st</sup> 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 21<sup>st</sup> Century AfterSchool Program activities. I consent to such uses & hereby waive all rights to compensation. Initial \_\_\_\_\_

**Transportation:** I hereby give my child permission to travel on the 21<sup>st</sup> Century AfterSchool Program bus for field trips. I understand that if my child is not at the designated pickup site, the 21<sup>st</sup> Century AfterSchool Program will not be responsible for my child. Initial \_\_\_\_\_

### **Medical Information:**

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Serious Health Problems: No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, explain \_\_\_\_\_

Medications: No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, explain \_\_\_\_\_

I, the undersigned (as a parent or guardian of the participant, a minor), hereby authorize the staff of the 21<sup>st</sup> Century AfterSchool Program volunteers, coaches, trainers, supervisors, instructors and drivers as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or by licensed medical personnel. Staff will NOT medicate children. Parents/guardians are ENTIRELY responsible for medications and for personally arranging for or insuring the proper and timely medicating of their child.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_