

21st Century AfterSchool Registration

Student First Name: _____ Middle: _____ Last _____

Gender: Male ___ Female ___ Age ___ DOB (mmddyy) _____ Ethnicity _____

Address: _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

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 21st 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 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 & hereby waive all rights to compensation. Initial _____

Transportation: I hereby give my child permission to travel on the 21st Century AfterSchool Program bus for field trips. I understand that if my child is not at the designated pickup site, the 21st 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 21st 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** _____