



# 21<sup>st</sup> Century Community Learning Center (CLC) YOUTH Participant Registration Form -- 2006-2007

**CLC OFFICE USE ONLY**

CLC Site # \_\_\_\_\_  
 CLC Bus # \_\_\_\_\_  
 Date Entered in Computer \_\_\_/\_\_\_/\_\_\_  
 Data Staff Initials \_\_\_\_\_

**\*\*\* ALREADY REGISTERED AT A CLC? COMPLETE GRAY – PLEASE PRINT \*\*\***

I am registered THIS YEAR at another CLC. Please indicate which CLCs: \_\_\_\_\_

My contact information has changed in the past year. I have updated information below:

Last Name	First Name	M. I.	Birth Date
			/ /

**\*\*\* NEW REGISTRANTS AREA - PLEASE COMPLETE FOR ALL PARTICIPANTS IN THE HOUSEHOLD – PLEASE PRINT \*\*\***

Last Name _____ First Name _____ Middle _____ Birth Date ___/___/___ Student ID _____	Gender <input type="checkbox"/> F <input type="checkbox"/> M  Lunch Status <input type="checkbox"/> Free <input type="checkbox"/> Reduced	Ethnicity: (check 1) <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian American <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Other _____	Primary Language (check one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese Other: _____	Address _____ _____ Zip Code _____ Phone _____ E-mail _____	Grade _____ School _____  Teacher Name <small>(K-5 Homeroom 6-12 Math or English)</small>	Special Needs <small>(i.e. allergies, medications, accessibilities, diet, etc.)</small>	Transportation (check 1) <input type="checkbox"/> walk home <input type="checkbox"/> picked up <input type="checkbox"/> city bus <input type="checkbox"/> CLC bus  <i>If CLC Bus:</i> Bus Route _____  Closest Corner Stop _____	Lives with (check 1) <input type="checkbox"/> Both Parents <input type="checkbox"/> Single mother <input type="checkbox"/> Single father <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Foster care <input type="checkbox"/> Grandparent(s) Other _____
Last Name _____ First Name _____ Middle _____ Birth Date ___/___/___ Student ID _____	Gender <input type="checkbox"/> F <input type="checkbox"/> M  Lunch Status <input type="checkbox"/> Free <input type="checkbox"/> Reduced	Ethnicity: (check 1) <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian American <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Other _____	Primary Language (check one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese Other: _____	Address _____ _____ Zip Code _____ Phone _____ E-mail _____	Grade _____ School _____  Teacher Name <small>(K-5 Homeroom 6-12 Math or English)</small>	Special Needs <small>(i.e. allergies, medications, accessibilities, diet, etc.)</small>	Transportation (check 1) <input type="checkbox"/> walk home <input type="checkbox"/> picked up <input type="checkbox"/> city bus <input type="checkbox"/> CLC bus  <i>If CLC Bus:</i> Bus Route _____  Closest Corner Stop _____	Lives with (check 1) <input type="checkbox"/> Both Parents <input type="checkbox"/> Single mother <input type="checkbox"/> Single father <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Foster care <input type="checkbox"/> Grandparent(s) Other _____
Last Name _____ First Name _____ Middle _____ Birth Date ___/___/___ Student ID _____	Gender <input type="checkbox"/> F <input type="checkbox"/> M  Lunch Status <input type="checkbox"/> Free <input type="checkbox"/> Reduced	Ethnicity: (check 1) <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian American <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Other _____	Primary Language (check one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese Other: _____	Address _____ _____ Zip Code _____ Phone _____ E-mail _____	Grade _____ School _____  Teacher Name <small>(K-5 Homeroom 6-12 Math or English)</small>	Special Needs <small>(i.e. allergies, medications, accessibilities, diet, etc.)</small>	Transportation (check 1) <input type="checkbox"/> walk home <input type="checkbox"/> picked up <input type="checkbox"/> city bus <input type="checkbox"/> CLC bus  <i>If CLC Bus:</i> Bus Route _____  Closest Corner Stop _____	Lives with (check 1) <input type="checkbox"/> Both Parents <input type="checkbox"/> Single mother <input type="checkbox"/> Single father <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Foster care <input type="checkbox"/> Grandparent(s) Other _____

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CLC Site # _____
Date Entered ___/___/___ Staff Initials _____

## HOUSEHOLD INFORMATION PAGE --- Fill out only ONE per family ---

Parent/Guardian Last Name	First Name	Day Phone	Evening Phone	Relationship

**ADDITIONAL CONTACTS:** List additional contacts for the child(ren) and use the check boxes below to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the "Lives With" box indicates that the person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIAN(S) WILL be able to pick up the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick Up?	Emergency Contact	Lives with?
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check box with "X" if legal restrictions are in effect. List persons not allowed to see student in CLC and/or persons not allowed to pick up students per legal restrictions.

Last Name	First Name	Last Name	First Name

## Parent / Guardian Permission For 21<sup>st</sup> Century CLC \*PLEASE READ CAREFULLY\*

*Must be signed by Parent/Guardian for student participants 18 and under (CLC is FREE to participating students)*

Accept      Decline

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I hereby give permission for the participant(s) listed on the reverse side to take part in the School District's 21<sup>st</sup> Century Community Learning Centers (CLC) activities, which may include off-site events, academic assistance, continuing education, and recreational programs.

If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.

I agree that if a health condition exists now or in the future that would impact the participation of those listed on front, I will notify the 21<sup>st</sup> Century Community Learning Center staff.

I hereby give my consent to the School District's 21<sup>st</sup> Century Community Learning Centers (CLC) programs to take the participant's photograph during program activities to be used for education and public relations purposes in conjunction with the School District's 21<sup>st</sup> Century Community Learning Centers (CLC) programs.

I hereby give permission for my child's artwork, poetry or other work produced in conjunction with the School District's 21<sup>st</sup> Century Community Learning Centers (CLC) programs to be used for education and public relations purposes.

I understand that the Program will maintain records on my child's academic, disciplinary, guidance, permanent and/or cumulative record (i.e. grades or attendance records) and/or qualification for free/reduced lunch. I also understand that information reported using these confidential records will not include personal identifiable information such as my child's address, phone number, or social security number.

I further give my consent to the School District and the 21<sup>st</sup> Century Community Learning Centers (CLC) to share the participant's student records with each other for purposes of providing educational support and assistance. I also understand that information reported using these confidential records will not include personal identifiable information such as my child's address, phone number, or social security number.

I understand that the program will use surveys, interviews, and student records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

I hereby certify that I have read and do understand the above information.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_