

## **After-School Program**

## Monday-Friday Pick up is promptly at 5:50 FREE TO ALL STUDENTS!!



	Suv	wannee River	side	Scho	ool	20	23-2	2024	•		
Student's Legal Name: Stude						ent ID:	ID:				
Homeroom Teacher:		Gra					Grade this year:			Age:	
Residential Address:										1	
						City,	State	ZIP:			
Is a language other than English spoken in the home?				Yes		No					
List any allergies or known health information regarding your child:  what language?											
Parent/Guardian's Name:											
Parent Contact Information   Cell:				Home:					Work:		
Parent Email address:	iation	Cem	nome.						WOIK.		
								Phone:			
	Persor	n(s) Authorized to Pi	ck Up				Out Yo	our Chi			
Name:			Relationship:				Phone:				
Parent/Guardian Signature:				То				Гoday	oday's Date:		
Please list siblings v	who a	ttend school (gra	des K	(-5) in	the	e dis	trict:	Sc	hool a	nd Grade	
		I would like to enroll my child in the before-school program. I understand the program								nd the program	
Important	begins at 7:20 a.m., but my child does not have to arrive at that time.  I give permission for my child to leave campus with 21 <sup>st</sup> CCLC staff for local, walking f								cal, walking field		
information!		trips.  I give permission for photos and/or videos of my child to be posted and viewed on official school district websites and/or local media.									
Please check any											
boxes that apply:	1	I will make arrangements for my child to be picked up promptly at 5:50. I understand that my child could be dropped from the program as a result of late pick-ups.									
***		my child could be dropp	ped froi	n the pr	ogra •	m as a	result	t of late	pick-ups.		

\*\*\*\*\*IMPORTANT: Registration form must be signed by parent or guardian and child's participation acknowledged by the 21st CCLC Site Coordinator, by a phone call, before the child may participate in the program.