After-School Program



Monday-Friday

Pick up is promptly at 5:45 FREE TO ALL STUDENTS!!



	Suw	annee Spring	gcres	t Sch	nool	20)23-2	202	4		
Student's Legal Name:				Student ID:							
Homeroom Teacher:				Grade th			le this ye	this year:		Age:	
Residential Address:										1	
		City, State ZIP:									
Is a language other than English spoken in the home?				Yes	N	0	If yes,		_		
List any allergies or known	vour chi	ld:	What language?								
				-							
Parent/Guardian's Name:											
Parent Contact Information Cell:			Home:						Work:		
Parent Email address:			-								
Emergency Contact's Name: Phone:											
Person(s) Authorized to Pick Up and/or Check-Out Your Child											
Name: Relationship: Phone:									hono:		
Name.				Relationship.							
			_								
Parent/Guardian S		Today's					's Dat	e:			
Please list siblings	ades k	des K-5) in the district:				School and Grade					
		 I would like to enroll my child in the before-school program. I understand the program begins at 7:15 a.m., but my child does not have to arrive at that time. I give permission for my child to leave campus with 21st CCLC staff for local, walking field 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. 									
Important											
information!											
Please check any											
boxes that apply:		I will make arrangeme	arrangements for my child to be picked up promptly at 5:45. I understand that ould be dropped from the program as a result of late pick-ups.								
		my child could be drop	-	-					<u>ріск-ups</u>	5. 7 7 • 7 7 9	

*****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.