

21st Century Summer Program 2023 Monday - Thursday 8:00 - 12:00

June 5 - July 20, 2023



| | | Suwannee | Spri | ngcre | st | : Ele | men | tar | 'Y | | |
|--|---|------------------------|---|-----------------------------|-----|-------------|---------------|--------------|-----------|-------|------|
| Student's Legal Name: | | Student ID: | | | | | | | | | |
| Homeroom Teacher: | | | | Grade this year | | | | ear: | Age: | | |
| Residential Address: | | | | Birthdate: | | | | | Hispanic: | Yes | No |
| | | | | City, State ZIP: | | | | | | | |
| Is a language other than English spoken in the home? | | | | Yes No If yes, what land | | | | | guage? | | |
| List any allergies or known heal | th in | formation regarding yo | our child | d: | | | | | | | |
| Race (Check all that apply): Am Hawaiian or Pacific Islander Parent/Guardian's Name: | | | | | | Blac own | k or Afri | ican A | merican_ | Na | tive |
| Parent Contact Information Cell: | | | | Home: | | | | | Work: | | |
| Parent Email address: | | | | | | | | | | | |
| Emergency Contact's Name: | | | | Phone | | | | | :: | | |
| Per | son | (s) Authorized to Pi | ick Up | and/or | Ch | eck-O | ut You | r Chi | ild | | |
| Name: | | | | Relationship: | | | | Phone: | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Parent/Guardian Signature: | | | | T | | | | oday's Date: | | | |
| Please list siblings wh | o at | ttend school (gra | ides I | <-5) in 1 | the | e dist | rict: | Scł | nool an | d Gra | de |
| | | | | | | | | | | | |
| | l give permission for my child to leave campus with 21 st CCLC staff for local, walking field trips. | | | | | | | | | | |
| Important Information! | 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 | | • | ny child to be picked up prompt d from the program as a result c | | | | • | - | | | |
| boxes that apply: | | | | | | | | | | | |

*****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.