

South Breakfast Club & Mustang Round-up Academy Afterschool Program 2016-17

Mustang Round-up Academy – South Livingston Elementary					Youth Participant Registration Form			
Last Name					Ethnicity (check 1)	Gender (check 1)		
First Name					<input type="checkbox"/> Asian	<input type="checkbox"/> Female		
Middle					<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Male		
Date of Birth	_ / _ / _	Grade			<input type="checkbox"/> Black (not of Hispanic origin)	Primary Language (check 1)		
Address	City	Zip			<input type="checkbox"/> Hispanic			
Parent/Guardian Name					<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Spanish		
Work Phone	Cell Phone			<input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> Other (Specify)			
Home Phone	Email			<input type="checkbox"/> Other (Specify)	Lives With (check 1)			
Relationship							<input type="checkbox"/>	Restrictions
Parent/Guardian Name					Check if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions.		<input type="checkbox"/> Both Parents	
Work Phone	Cell Phone			<input type="checkbox"/> Foster Care				
Home Phone	Email			First Name			Last Name	<input type="checkbox"/> Grandparent(s)
Relationship								
Additional Contacts:					First Name	Last Name	<input type="checkbox"/> Single parent Father	
List additional contacts for the child and use the check boxes to indicate if these individuals are authorized to pick up the child 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. <i>If no adults are listed below, and if no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick up the student.</i>							<input type="checkbox"/> Single parent Mother	
					First Name	Last Name	Special Needs: (i.e. allergies, medications, accessibilities, diet, etc.)	
Name	Name	Closet Bus Stop for After-school program						
		<input type="checkbox"/> Village Market (Grand Rivers)	<input type="checkbox"/> Hometown Market					
Phone Number	Phone Number	<input type="checkbox"/> Fish Market on 453	<input type="checkbox"/> South Livingston Elementary					
		<input type="checkbox"/> DC Skating Rink (Ledbetter)	<input type="checkbox"/> LCHS					
<input type="checkbox"/> Pick up	<input type="checkbox"/> Pick up	<input type="checkbox"/> Joy Grocery Store	<input type="checkbox"/> Old Lola Station					
<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Tambco /Roseann's	<input type="checkbox"/> North Livingston Elementary					
<input type="checkbox"/> Lives With Student	<input type="checkbox"/> Lives With Student	Days Attending (circle) M T W T F						

Parent/Guardian Permission for 21st Century CLC *Please Read Carefully*

Must be signed by Parent/Guardian for student participant 18 and under. If you have any questions, please contact your 21st CCLC Director prior to completing the permission form.

I hereby give permission for the participant listed on this registration form to take part in the 21st Century Community Learning Center (CCLC) activities, which may include off-site events, field trips, 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 which would impact the participation of the student listed on front, I will notify the 21st Century Community Learning Center staff.

I give my consent to the School District and the 21st Century Community Learning Center (CCLC) program to take the participant's photograph during program activities, to be used for education and public relations purposes. I further give my consent to the School District and the 21st Century Community Learning Center (CCLC) program to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that the 21st Century Community Learning Center will use the participant's records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement. The student data will also be used to fulfill the State and Federal annual progress reporting requirements to obtain continued funding for the program.

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

Signature	Printed Name	Date
		/ /

Medical Release Information

Student Name	Date of Birth	Social Security Number
	/ /	— —

Allergies	Medical Conditions

Health Insurance Carrier	Policy #	Group #

*** Livingston County Board of Education furnishes the following school time insurance on each student enrolled in school. This insurance is secondary if you have private insurance.*

K&K Insurance Group, INC
 1712 Magnavox Way
 PO BOX 2338
 Fort Wayne, Indiana 46801
 (800)237-2917

_____ parent/guardian herein named gives Livingston County Board of Education employees permission to seek medical treatment necessary for the student named above, in the event of injury during school or school-related trips.

Parent/Guardian Signature	Relationship to Student	Date
		/ /

Parent/Guardian Daytime Phone #	Alt Parent /Guardian Phone #

Additional Adult Contact	Contact Phone #

Official Office Use	CLC Site #	Date	Staff Initials
		/ /	