

<p><b>Last Name:</b> _____</p> <p><b>First Name:</b> _____</p> <p><b>Middle:</b> _____</p> <p><b>Date of Birth:</b> ____/____/____</p>	<p><b>Gender</b> (check 1)</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><b>Lunch Status</b> (check 1)</p> <p><input type="checkbox"/> Free</p> <p><input type="checkbox"/> Full</p> <p><input type="checkbox"/> Reduced</p> <p><input type="checkbox"/> Unknown</p>	<p><b>Ethnicity</b> (check 1)</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black (not of Hispanic origin)</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White (not of Hispanic origin)</p> <p><input type="checkbox"/> Other _____(specify)</p>	<p><b>Primary Language</b> (check 1)</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Other</p> <p>If 'other', please specify.</p> <p>_____</p>
<p><b>Address (Mailing and Emergency)</b></p> <p>_____</p> <p>_____</p> <p><b>Zip Code</b> _____</p> <p><b>Phone</b> _____</p> <p><b>E-mail</b> _____</p> <p><b>School</b> _____</p> <p><b>Grade</b> _____</p>	<p><b>Lives With</b> (check 1)</p> <p><input type="checkbox"/> Both parents</p> <p><input type="checkbox"/> Foster Care</p> <p><input type="checkbox"/> Grandparent(s)</p> <p><input type="checkbox"/> Guardian</p> <p><input type="checkbox"/> Joint Custody</p> <p><input type="checkbox"/> Single parent father</p> <p><input type="checkbox"/> Single parent mother</p> <p><input type="checkbox"/> Other</p> <p>If 'other', please specify.</p> <p>_____</p>	<p><b>Closest Bus Stop for after-school program:</b> (check 1)</p> <p><input type="checkbox"/> Village Market &amp; Café (Grand Rivers)</p> <p><input type="checkbox"/> Hometown Market</p> <p><input type="checkbox"/> Fish Market on 453</p> <p><input type="checkbox"/> South Livingston Elementary</p> <p><input type="checkbox"/> LCHS</p> <p><input type="checkbox"/> DC Skating Rink (Ledbetter)</p> <p><input type="checkbox"/> Joy Grocery Store</p> <p><input type="checkbox"/> Old Lola Station</p> <p><input type="checkbox"/> Tambco/Roseann's</p> <p><input type="checkbox"/> North Livingston Elementary</p>	<p><b>Special Needs:</b> (i.e. allergies, medications, accessibilities, diet, etc.)</p>

Parent/Guardian Last Name	First Name	Home Phone	Work Phone	Cell Phone	Relationship

**Additional Contacts:** 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. *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.*

<b>Last Name</b> _____ <b>First Name</b> _____ <b>Relationship</b> _____	<b>Address (Mailing and Emergency)</b> <hr/> <hr/>	<input type="checkbox"/> Pick Up <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Lives With
<b>Home Phone</b> _____ <b>Work Phone</b> _____	<b>Zip Code</b> _____	

<b>Last Name</b> _____ <b>First Name</b> _____ <b>Relationship</b> _____	<b>Address (Mailing and Emergency)</b> <hr/> <hr/>	<input type="checkbox"/> Pick Up <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Lives With
<b>Home Phone</b> _____ <b>Work Phone</b> _____	<b>Zip Code</b> _____	

**Additional Contacts:**

<b>Last Name</b> _____	<b>Address (Mailing and Emergency)</b> _____ _____	<input type="checkbox"/> Pick Up
<b>First Name</b> _____		<input type="checkbox"/> Emergency Contact
<b>Relationship</b> _____		<input type="checkbox"/> Lives With
<b>Home Phone</b> _____	<b>Zip Code</b> _____	
<b>Work Phone</b> _____		

<b>Last Name</b> _____	<b>Address (Mailing and Emergency)</b> _____ _____	<input type="checkbox"/> Pick Up
<b>First Name</b> _____		<input type="checkbox"/> Emergency Contact
<b>Relationship</b> _____		<input type="checkbox"/> Lives With
<b>Home Phone</b> _____	<b>Zip Code</b> _____	
<b>Work Phone</b> _____		

**Restrictions:**

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.

Last Name: _____	First Name: _____	Last Name: _____	First Name: _____
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**Parent/Guardian Permission for 21<sup>st</sup> 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 21<sup>st</sup> 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 21<sup>st</sup> 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 21<sup>st</sup> Century Community Learning Center staff.

I give my consent to the School District and the 21<sup>st</sup> 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 21<sup>st</sup> 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 21<sup>st</sup> 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.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**CLC Office Use Only**

CLC Site # \_\_\_\_\_

Date Entered \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Initials \_\_\_\_\_

## Medical Release Information

Student's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Social Security # \_\_\_\_\_

List any allergies: \_\_\_\_\_

List any specific medical conditions: \_\_\_\_\_

List any medications: \_\_\_\_\_

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

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\_\_\_\_\_ 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 #                      \_\_\_\_\_ other parent/guardian daytime phone #

\_\_\_\_\_ name of another person who can be contacted                      \_\_\_\_\_ phone number day/night