



<i>For Office Use Only:</i>	Student ID#: _____
SITE NAME _____	
Enrollment Date: _____	Withdrawal Date: _____



**21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTER  
2009-2010 REGISTRATION FORM**

**I. PERSONAL INFORMATION**

STUDENT NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_ AGE \_\_\_\_\_

MALE/FEMALE (CIRCLE ONE) BIRTHDATE \_\_\_\_\_ RACE \_\_\_\_\_

LUNCH STATUS:  FREE  REDUCED  FULL PRICE STUDENT'S GRADE \_\_\_\_\_

PRIMARY LANGUAGE: ENGLISH SPANISH OTHER \_\_\_\_\_ (CIRCLE ONE)

Custody of child is with:  mother;  father;  both parents;  other \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ RACE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

PRIMARY LANGUAGE: ENGLISH SPANISH OTHER \_\_\_\_\_ (CIRCLE ONE)

FATHER'S NAME \_\_\_\_\_ RACE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

PRIMARY LANGUAGE: ENGLISH SPANISH OTHER \_\_\_\_\_ (CIRCLE ONE)

**II. STUDENT INFORMATION**

ALLERGIES/MEDICATIONS \_\_\_\_\_

HANDICAPS {GLASSES, ETC.} \_\_\_\_\_

SPECIAL EDUCATION CLASSES? IF SO, LIST AREA OF EXCEPTIONALITY:

\_\_\_\_\_

PHYSICAL LIMITATIONS \_\_\_\_\_

**III. EMERGENCY INFORMATION** List the name of the person you would like to be contacted *first* (including yourself).

1<sup>ST</sup> CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

2<sup>ND</sup> CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

**LIST OF ALL PERSONS WHO MAY PICK UP MY CHILD FROM THE PROGRAM INCLUDING ME:**

1). \_\_\_\_\_ PHONE \_\_\_\_\_

2). \_\_\_\_\_ PHONE \_\_\_\_\_

3). \_\_\_\_\_ PHONE \_\_\_\_\_

4). \_\_\_\_\_ PHONE \_\_\_\_\_

**IV. ADDITIONAL INFORMATION:**

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**V. PERMISSION/WAIVER**

*I hereby give my child permission to participate in the entire 21<sup>st</sup> CCLC ASAP program and do solemnly release Newton County School System and ASAP staff from any injury that may result from participation in the program. Such program activities shall include, but not be limited to, recreational activities, field trips, games, etc.*

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(Parent/Guardian)