

21st Century Community Learning Center AFTER SCHOOL EXPLORERS **ZERO ROBOTICS 2017**

REGISTRATION FORM

SCHOOL NAME: _____

STUDENT INFORMATION Student Name: _____		Grade: _____	WVEIS # _____
Birthdate: _____ AGE: _____		Homeroom: Teacher: _____	
STUDENT CHARACTERISTICS <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> N/A <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	PHOTOS <input type="checkbox"/> YES, can be used <input type="checkbox"/> No cannot be used	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
PLEASE CHECK ALL THAT APPLY <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Eligible for Free or Reduced Lunch <input type="checkbox"/> Special Education Student <input type="checkbox"/> Participates in backpack weekend feeding program			

PARENT, PRIMARY and/or LEGAL GUARDIAN, INFORMATION GUARDIAN NAME (NAME): _____ <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian ADDRESS: _____ CITY, STATE, ZIP: _____ PRIMARY CONTACT PHONE: _____ ALTERNATIVE NUMBER: _____ E-MAIL: _____ PLACE OF EMPLOYMENT: _____	<input type="checkbox"/> I understand this year's program is parent pick up. <input type="checkbox"/> YES <input type="checkbox"/> NO Our family will attend Parent/Family Events <input type="checkbox"/> YES <input type="checkbox"/> NO I will volunteer to help with at least 1 after school session. <input type="checkbox"/> YES <input type="checkbox"/> NO I will volunteer on a regular basis <input type="checkbox"/> YES <input type="checkbox"/> NO I will volunteer supplies to the program <input type="checkbox"/> YES <input type="checkbox"/> NO I will volunteer for READ ALOUD <input type="checkbox"/> YES <input type="checkbox"/> NO I will give a presentation <input type="checkbox"/> YES <input type="checkbox"/> NO I will serve on the advisory council <input type="checkbox"/> YES <input type="checkbox"/> NO I will help carpool children home <input type="checkbox"/> YES <input type="checkbox"/> NO I would like to give a financial gift to the program <input type="checkbox"/> YES <input type="checkbox"/> NO I will donated food for planned special events
	STUDENT LIVES WITH: <input type="checkbox"/> Both Parents; <input type="checkbox"/> Father; <input type="checkbox"/> Mother; <input type="checkbox"/> Grandparent; <input type="checkbox"/> Primary/Legal Guardian <i>If there has been a court ruling involving custody, please contact your After School Explorers Site Coordinator about providing documentation.</i>

Name: _____

21st Century Community Learning Center AFTER SCHOOL EXPLORERS 2015-16

REGULAR ATTENDANCE is important to the SUCCESS of the program; spots are limited. If your child is not able to attend regularly or is absent for multiple days in a row, without an excuse, the spot may be assigned to a student on the waiting list.

PLEASE CIRCLE SITE ATTENDING:			
<input type="checkbox"/> Bruceton School	<input type="checkbox"/> Kingwood Elementary	<input type="checkbox"/> South Preston School	<input type="checkbox"/> West Preston School

BRUCETON, KINGWOOD, SOUTH PRESTON, and WEST PRESTON: I understand I must arrange to drop off and pick up my child from After School Explorers Zero Robotics program _____ Please initial

*****MEDICAL FORM*****

In case of an Emergency contact (a minimum of 2 people)

Name: _____ Phone(s): _____	Name: _____ Phone(s): _____
Hospital Choice: _____ Phone: _____	Family Physician: _____ Phone: _____

List any allergies or other special medical information, which the staff should know about your child (special diets, vision (supposed to wear glasses), and hearing (supposed to wear hearing aids), and bee sting (where to find epipen), restrictions in activities, etc...

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Pick UP Information: List of persons and contact phone number authorized to pick up child (Please remind them to bring photo ID if they are not the regular pick up person)

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List people we may call if your child has not been picked up by the end of the scheduled program time.

Name & Contact number: _____ _____	Name & Contact number: _____ _____
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In case of an emergency I give authorized staff in charge permission to act in my behalf in granting permission for my child to receive emergency treatment.

Authorized guardian signature: _____ date: _____