

ACE – Rockdale ISD 21st CCLC After School Program

Participant Registration

Participant Full Name: _____

Grade Level: _____

Is there any medical reason why my child shall not participate in certain physical activities?

YES NO If yes, please explain below:

Parent or Guardian is responsible for notifying CCLC staff of any medical changes.

Adults Authorized to Pick-up Students:

Name	Current Phone	Relationship

____ Car Rider. ____ Walker. ____ My child normally rides the bus and will need late bus transportation.

Home Address _____

PLEASE READ CAREFULLY *Must be signed by Parent/Guardian for student participants 18 and under.*

I hereby give permission for my child, _____, to take part in the Community Learning Center's (CLC) activities, which may include off-site events, 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 give my consent to the CLC programs 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 CLC to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that school district and / or CLC will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

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

Print Name: _____

Phone: _____

Email: _____

Cell: _____

Signed: _____

Date: _____