



# Hornets 21<sup>st</sup> CCLC Afterschool Program

## Metcalfe Middle 2024-2025

21<sup>st</sup> Century Community Learning Center (CLC)

**STUDENT Participant Registration Form**

Sondra Jennings, Director Molly Rigsby, Site Coordinator

Office: 270-432-2019

### CLC OFFICE USE ONLY

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

Date Entered in Computer \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Student ID \_\_\_\_\_

\*\*\* PLEASE COMPLETE DETAILS BELOW - PLEASE PRINT

<b>Student Last Name</b> _____  <b>First Name</b> _____  <b>Middle</b> _____  <b>Birth Date</b> ____/____/____  <b>Grade Entering</b> _____	<b>Gender</b> <input type="checkbox"/> F <input type="checkbox"/> M  <b>Lunch Status</b> <input type="checkbox"/> Free <input type="checkbox"/> Reduced	<b>Ethnicity: (check 1)</b> <input type="checkbox"/> Caucasian (white) American <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Other _____	<b>Primary Language</b> (check one) <input type="checkbox"/> English <input type="checkbox"/> Spanish  Other: _____	<b>Lives with (check 1)</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Single mother <input type="checkbox"/> Single father <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Foster care <input type="checkbox"/> Grandparent(s)  Other _____ _____
<b>Transportation</b> (check 1)  <input type="checkbox"/> car rider <input type="checkbox"/> 21 <sup>st</sup> Century Bus	<b>Address</b> _____ _____  <b>Zip Code</b> _____  <b>Home Phone</b> _____ <b>Cell Phone</b> _____ <b>Contact Number</b> _____ <b>E-mail</b> _____		<b>Special Needs</b> <b>Allergies:</b> _____ _____ <b>Epi-pen</b> _____ <b>Medications</b> _____ _____ <b>Will medications need to be taken at school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No ____ If yes, what medication and time? _____ <b>Other concerns</b> _____ _____	

Please continue on other side ...



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Office: 270-432-2019

Parent/Guardian Last Name	First Name	Day Phone	Evening Phone	Cell Phone	Relationship

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**ADDITIONAL CONTACTS:** List additional contacts for the child. *If no adults are listed below, ONLY THE PARENT(S)/GUARDIAN(S) WILL be able to pick up the student.*

Last Name	First Name	Address	Cell /Work Phone	Allowed to Pickup & Emergency Contact?	Relationship

List persons not allowed to see student in CLC and/or persons not allowed to pick up students per legal restrictions. Guardians are responsible for providing a copy of documentation.

Last Name	First Name

Last Name	First Name

Parent / Guardian Permission for 21<sup>st</sup> Century CLC

**\*PLEASE READ CAREFULLY\***

***Must be signed by Parent/Guardian for student participants 18 and under***

I hereby give permission for the participant(s) listed on the reverse side to take part in the School District's 21<sup>st</sup> Century Community Learning Centers (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 agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify the 21<sup>st</sup> Century Community Learning Center staff.

I give my consent to the School District's 21<sup>st</sup> Century Community Learning Centers (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 the 21<sup>st</sup> Century Community Learning Centers (CLC) to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that the School District will use participant 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 \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_