



*Metcalfe County Elementary*  
*After School Program 2024/2025*

21<sup>st</sup> Century Community Learning Center (CLC)  
**STUDENT Participant Registration Form**  
 Sondra Jennings- Director  
 Annie Smith- 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**

**Student Last Name**  
 \_\_\_\_\_

**First Name**  
 \_\_\_\_\_

**Middle**  
 \_\_\_\_\_

**Birth Date** \_\_\_ / \_\_\_ / \_\_\_

**Grade Entering** \_\_\_\_\_

**Gender**  
 F  
 M

**Lunch Status**  
 Free  
 Reduced

**Ethnicity: (check 1)**

Caucasian (white) American  
 African American  
 Native American  
 Asian American  
 Hispanic American  
 Other \_\_\_\_\_

**Primary Language**  
 (check one)  
 English  
 Spanish

Other: \_\_\_\_\_

**Lives with (check 1)**

Both Parents  
 Single mother  
 Single father  
 Guardian  
 Joint Custody  
 Foster care  
 Grandparent(s)

Other \_\_\_\_\_

**Transportation**  
 (check)  
 car rider only

**Address**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Contact Number** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Special Needs**

Allergies: \_\_\_\_\_

Epi-pen \_\_\_\_\_

Medications \_\_\_\_\_

Will medications need to be taken at school?  
 Yes  No \_\_\_ If yes, what medication and time?  
 \_\_\_\_\_

Other concerns \_\_\_\_\_

**Please continue on other side ...**

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## STUDENT Participant Registration Form

Sondra Jennings- Director Annie Smith-Site Coordinator

Office: 270-432-2019

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

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

**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 \_\_\_\_\_

