



Student Registration Form
21st CCLC Schuylkill ACHIEVE Afterschool Program

Please complete **ALL** requested information and print legibly. Thank you.

Student's Name: _____

School District: _____

Student's Grade _____ Date of Birth: ____/____/____

Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email(s): _____

Emergency contacts: In the event that a parent or guardian cannot be reached in an emergency situation - or if the student is absent without excuse.

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical conditions or allergies:

Dietary restrictions:

Each week of the school year, my student will typically attend the program on: Mon Tues Wed Thurs
(Circle the days)

My student will ride the bus home

My student will be picked up by _____

Parent/Guardian Signature: _____

Others authorized to pick up my child in the event that this person is not available - please note their relation to your student: _____

Notes to parents/guardians (please read and check off):

I am aware that the program runs 4 days per week and if my student will be absent, the Schuylkill ACHIEVE Site Coordinator must be notified.

I have completed the Emergency Plan Form.

I have received and acknowledge the Safeguarding Sensitive School, Teacher and Student Data Form.

I have received a copy of the Parent Handbook.

My student is eligible to receive free or reduced lunch. *Your student does **not** need to qualify for free or reduced lunch to be able to participate in Schuylkill ACHIEVE Afterschool.

My student may be photographed in the Schuylkill ACHIEVE program for media purposes. **Check the box for YES.**

My child's IEP can be reviewed with the Site Coordinator by the school to allow for necessary accommodations. **Check the box for YES.**

Additional parent or guardian information:

Do you have any skills, talents, or activities that you would like to share with 21st CCLC Schuylkill ACHIEVE students during the Afterschool Program or during a Family Event?

*Parent and guardian feedback is important to us!

*Please join us for monthly Family Nights! Your child *loves* when you join us for some fun!



* Parent/Guardian Signature: _____

* Date: _____

Please direct any questions to your school's Schuylkill ACHIEVE Site Coordinator