



Funded in full or in part with a grant by the Pennsylvania Department of Education

Bucks County Technical High School 21st Century Community Learning Center

Registration Form

Student's Name: _____ Age: _____ Grade: _____

School: _____ Birth Date: _____

Teacher's Name: _____

Mother's Name: _____ Home

Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Work Phone: _____

Cell phone: _____

Father's Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Work Phone: _____

Cell Phone: _____

I am aware that the 21st Century Grant Staff is able to access and review my child's school records.

I affirm that this information is correct. I understand that the Activity/Club dismissal time is _____ p.m. and that I must promptly pick up my child at that time.

Routine pictures/videos may be taken of your child while participating in a program or club of 21st CCLC. These pictures/videos may be posted on bulletin boards for others to see or occasionally used for advertisement or press release. If you wish for your child not to have their picture taken, please send in a note with your child.

Signature of parent/guardian: _____



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Emergency Card

Family Physician: _____ Address: _____ Phone: _____

Hospital preferred in case of emergency: _____

Health Insurance: _____ Policy Number: _____

Person to be called in case of accident or illness other than parents: (parents are called first for all emergencies)
(Name) (Address) (Phone) (Relationship)

1. _____

2. _____

Is your child allergic to bee stings or other insect bites? Yes No (circle one)

If yes what treatment is necessary? Medication? Hospitalization? (circle one)

Name of medication(s): _____
(Please send all labeled medication to the staff)

Is your child allergic to any drug(s)? Yes No (circle one)

If yes name of medication(s): _____
(Please send all labeled medication to the staff)

Any special health problems that the staff should know about?

1. _____

2. _____

Permission for Treatment

Should a medical emergency occur, we will make every effort to contact you about treatment for your son/daughter. In the event you cannot be reached, we ask that you give us permission to provide emergency medical treatment and follow-up care by a licensed physician.

In the event I cannot be reached by telephone, I grant permission to the 21st Century Grant CLC and its personnel to provide emergency treatment for _____ (son/daughter) and follow-up care by a local licensed physician. I agree that I will not hold the 21st Century Grant CLC personnel liable for any acts/omission relating to the emergency medical treatment provided to _____ (son/daughter).

Signed: _____ Date: _____

(Parent or Guardian)



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Student Code of Conduct

The 21st CCLC works to provide a safe, fun, and educational environment for your child. We require all students to follow our Code of Conduct. All parents and children are required to read and sign the Code of Conduct prior to attending the program.

- I will respect other people, including all the children and adults at the 21st CCLC program.
- I will use words to share my feelings that are respectful. I understand that no physical aggression (hitting, fighting, and/or shoving), verbal aggression (name calling, rumor spreading), or nonverbal aggression (intimidation, threatening gestures, excluding other students) will be tolerated at the 21st CCLC program.
- I will listen and follow directions.
- I will use appropriate language.
- I will show respect to others by having a positive attitude when speaking to them.
- I will always use my "inside voice" when talking to others.
- I will always ask an adult for permission before leaving the group for any reason.
- I will show respect for the building by not touching anything (including supplies, materials, whiteboards, wall, etc.) without permission from an adult.

Following these rules will make everyone's experience at the program enjoyable. A student who is physically aggressive or violent will automatically be suspended from the program for 1-3 days and a parent meeting will be required. If there is a repeat incident, the child may be permanently suspended from the program.

1. Verbal Warning
2. Written Warning/ Parent contact or meeting
3. 1-3 day suspension
4. Dismissal from the program

Child's Name (Print) : _____

Child's Signature : _____

Parent's Name (Print) : _____

Parent's Signature: _____



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Transportation Permission Slip

Student's Name: _____

_____ **I will pick up my child.**

List of names of people who have permission to pick up your child:

_____ **My Child will be walking home:**

_____ **My Child will be taking the late bus:**

**** AT ANY TIME THROUGHOUT THE DURATION OF THE PROGRAM, IF YOUR CHILD GOES HOME A DIFFERENT WAY THAN USUAL, THE COORDINATOR/ STAFF NEEDS A WRITTEN NOTICE FROM THE PARENT/GUARDIAN. IF A NOTE IS NOT RECEIVED FROM A PARENT, YOUR CHILD WILL BE SENT HOME THE USUAL WAY.**

Parent Signature _____ **Date:** _____