

## Bucks County Technical High School 21<sup>st</sup> Century Community Learning Center

## **Registration Form**

	Student's Name:		Age:	_ Grade:			
		Birth Date:					
	Teacher's Name:						
	Mother's Name: Phone:		_ Home				
	Address:	_ City:	State:	Zip:			
	Email:		Work Phone:_				
	Cell phone:						
		ne: Home Phone:					
	Address:	_ City:	State	∋:Zip:			
	Email:		Work Phone:	,			
	Cell Phone:						
Ιa	I am aware that the 21 <sup>st</sup> 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.						
21 us	Routine pictures/videos may be taken of your child while participating in a program or club of 21 <sup>st</sup> 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.						
Sig	Signature of parent/guardian:						



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### **Emergency Card**

Family Physician:	Address:		Phone:	_
Hospital preferred in case of emer	gency:			_
Health Insurance:		Policy	Number:	
Person to be called in case of acc (Name) (Addre		ents: (pa (Phon	arents are called first for all emergencies) (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):(l	Please send all labeled medic	cation to	the staff)	
Is your child allergic to any drug(s	)? Yes	No	(circle one)	
If yes name of medication(s):(l	Please send all labeled medic	cation to	the staff)	
Any special health problems that t	he staff should know about?			
1				
2				
	Permission for Tr	reatme	nt	¥
			et you about treatment for your son/daughter.  o provide emergency medical treatment and fo	
provide emergency treatment for_			e 21 <sup>st</sup> Century Grant CLC and its personnel to (son/daughter) and follow-up care l ant CLC personnel liable for any acts/omissior	by a
			(son/daughter).	
	r Guardian)		Date:	



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#### **Student Code of Conduct**

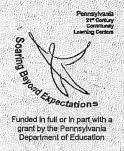
The 21<sup>st</sup> CCLC works to provide a safe, fun, and educational environment for your child. We require all students to follow our Code of Conduct. All parents and children are required to read and sign the Code of Conduct prior to attending the program.

- I will respect other people, including all the children and adults at the 21<sup>st</sup> 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 21<sup>st</sup> 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 (Prin	t):			<u> </u>
Child's Signature :				
Parent's Name (Pr	int) :			
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 pe	rmission to pick up your child:
My Child will be walking hor	ne:
My Child will be taking the la	ate bus:
CHILD GOES HOME A DIFFERENCE STAFF NEEDS A WRITTEN NOT	T THE DURATION OF THE PROGRAM, IF YOUR ENT WAY THAN USUAL, THE COORDINATOR/ TICE FROM THE PARENT/GUARDIAN. IF A NOTE RENT, YOUR CHILD WILL BE SENT HOME THE
Parent Signature	Dater