



## Ben Hill County 21st CCLC Afterschool Program

### Student Information

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone Number(s): \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

### Emergency Contact (other than parent/guardian)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### Transportation

My child will ride the after-school bus home.

My child will be a car rider.

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

### Health Information

Does your child have any medical conditions, allergies, or medications?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your child have an IEP, 504 Plan, or receive EL accommodations?  Yes  No

If yes, please list supports/accommodations: \_\_\_\_\_

### **Program Needs & Interests**

Academic Support Needed (check all that apply):

Reading  Math  Science  Homework Help  Organization/Study Skills

Enrichment Interests (check all that apply):

Sports/Fitness  Art  Music/Drama  STEM/Technology

Leadership/Clubs  Other: \_\_\_\_\_

### **Parent/Guardian Commitment**

By signing below, I give permission for my child to participate in the 21st Century After-School Program. I understand:

- The program operates on scheduled days after school.
- My child must follow school and program rules.
- Regular attendance is expected to benefit fully from the program.
- My child may be photographed/videoed for program documentation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Student Commitment**

I agree to:

- Attend the after-school program regularly.
- Participate positively in all activities.
- Respect teachers, staff, and fellow students.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Office Use Only**

Date Received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Accepted:  Yes  No

Start Date: \_\_\_\_\_