

A.C.E.
21st Century Community Learning Center
Participant Registration Form – 2011-2012
Student (18 and younger)



Afterschool Centers on Education

I attended this CLC last year Yes No

Campus: _____

Participant Last Name Participant First Name Middle Initial Participant Home Phone #

Home Street Address City State Zip

Age Birth Date / / Gender (M or F)

Race / Ethnicity: (check)

- Native American (1) African American (2)
- Asian American (3) Hispanic American (4)
- Caucasian American (5) Other (6)
- Native Hawaiian / Pacific Islander (7)

Social Security #

Home Email Address Grade in Sept. 2011

Elementary School Homeroom Teacher's Name

Middle or High School Math Teacher's Name

Middle or High School English Teacher's Name

Student Primary Language

Student/participant lives with: (check one)

- Both parents Single parent mother Single parent father
- Foster care Guardian Other

This student will: walk home be picked up take CLC transportation (not available at all sites).

If transportation is provided by CLC, list closest corner stop to home:

Is there any medical reason why my child shall not participate in certain physical activities? No Yes If yes, explain below:

List below anything else (allergies, medications or special needs) that the CLC staff should know about your child.

- Medications _____
- Allergies _____
- Others _____

How did you hear about A.C.E.? _____

****Parent or Guardian is responsible for notifying CLC staff of any changes****

**A.C.E. Bastrop
21st Century Community Learning Center
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HOUSEHOLD INFORMATION PAGE

--- Fill out only ONE per family ---

Check boxes ✓ if authorized to pick-up student

Parent/Guardian 1 Last Name	First Name	Home Phone	Work Phone	Relationship	<input type="checkbox"/>

Parent/Guardian 2 Last Name	First Name	Home Phone	Work Phone	Relationship	<input type="checkbox"/>

Parent Work Email Address

In the event of an emergency, parent/guardians will be contacted first. List 2 other adults to be contacted if parents cannot be reached.

1 st Emergency Contact (Last, First)	Phone/Pager	2nd Emergency Contact (Last, First)	Phone/Pager	<input type="checkbox"/>
1.		2.		<input type="checkbox"/>

ADULTS AUTHORIZED TO PICK-UP STUDENTS: Use the check box ✓ to indicate which adults listed above are authorized to pick up the student(s) listed on the reverse side and/or below. To list additional adults authorized to pick up these students, use the boxes below. *If no adults are listed below, and no boxes checked, ONLY THE PARENT WILL be able to pick up the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	<input type="checkbox"/>

List ALL children from your household attending this Community Learning Center Program:

Student Last Name	Student First Name	Age	Grade	CLC ID

PLEASE READ AND INITIAL BEHAVIOR MANAGEMENT POLICY

Your child is expected to behave appropriately at all times and follow the rules of _____.

(Name of school)

- _____ I understand that if my child does not follow the rules he or she will receive a verbal warning.
- _____ I understand that if the misbehavior continues, I will receive a phone call about my child.
- _____ I understand that if the problem continues, my child will be dismissed from the program.
- _____ I understand that fighting and/or inappropriate sexual behavior will result in immediate dismissal from the program.

If transportation is provided, it will be a centralized drop off and determined by Petermann Transportation. I understand that I am responsible for meeting my student at the bus stop at the designated time. I have contacted Petermann regarding transportation. _____ (Please initial here)

AUTHORIZATIONS FOR (name of child): _____

PLEASE READ RELEASES

- * I give permission to the program to transport my child in agency vans and/or staff-operated vehicles to and from our afterschool site on special field trips (separately authorized by parent or guardian).
- * I understand and agree that neither the program nor its employees and volunteers are responsible or legally liable for any personal property losses or for any bodily injuries incurred and suffered by the child on any program property or in connection with any program activities.
- * I give the afterschool staff permission to access school records (grades, attendance, behavior, etc) about my child to better serve his/her needs.
- * I give the afterschool staff permission to release my child's student ID # to BISD's program providers for the purpose of assessing program effectiveness. Only group data (i.e. information regarding grades, attendance, behavior, etc for all the students in the program) will be examined, no data specifically connected to your student will be identified.
- * I understand that the records and information released under this consent will be kept confidential to the extent permitted by law and will be used for the purpose indicated.
- * I will allow my child to be photographed and/or videotaped while engaged in program activities and for those images to be used for publicity and/or recruitment purposes.
- * I understand that if I have any questions about these releases, I can ask my program coordinator.

I AGREE TO THE ABOVE STATEMENTS

(signature) _____

(date) _____

I am interested in volunteering with the afterschool program, either on the Advisory Council or in another capacity, such as teaching a class. YES _____ NO _____

DO YOU HAVE ANY COMMENTS OR SUGGESTIONS? _____

ALL INFORMATION IS COMPLETELY CONFIDENTIAL

I am the parent or legal guardian of minor(s) named above and has legal authority to execute this consent and release.

SIGNATURE: _____ **DATE:** _____

THANK YOU! WE LOOK FORWARD TO THIS YEAR!!

"Funded by the 21st CCLC Program administered by the US Department of Education."

