

Registration
2020-2021

Piedmont Learning Academy
ACADEMICS AND ENRICHMENT AFTERSCHOOL PROGRAM

Start Date: Sept 21st



Homeroom Teacher _____ Grade Level _____ PES _____ or PMS _____

Time: 3:15 to 5:15 Closed at 5:30 (Prek - 8th Grade) Days Attending (circle) MTWTF

My child will start [SEPTEMBER 21st] Yes _____ (or) No _____. (confirmation email will be sent to parents to confirm the start date)

Student's Name _____
(Last) (First) (Middle)

Home Address _____ Home Phone Number _____ Date of

Birth _____ Race _____ (Circle One) Sex: M or F Lunch: _____ Paid _____ Free _____ Reduced

List Related Siblings in school: 1). _____ 2). _____ 3). _____

Child Lives With: Both Parents _____ Mother Only _____ Father Only _____ Guardian _____

Father's Name _____ Phone # _____ Cell # _____ Employment _____ Wk. # _____

Mother's Name _____ Phone # _____ Cell # _____ Employment _____ Wk. # _____

Legal Guardian's Name _____ Phone # _____ Cell # _____ Employment _____ Wk. # _____

MANDATORY: Email Address: 1). _____ 2). _____

Any Special Health Problems: Yes _____ No _____ If Yes, Please ask for a PCS Health Form and a meeting with the school nurse and PLA Director **must take place before attending the academy.** DATE OF THE MEETING: _____.

Name and Relationship of other adults who have permission to check out/ pick-up the student/child

Name _____ Phone # _____ Name _____ Phone # _____

Name _____ Phone # _____ Name _____ Phone # _____

PARENT SIGNATURES IN ALL (5) AREAS!

I/WE _____, GRANT PERMISSION FOR PHOTO/VIDEO IMAGES, SOCIAL MEDIA, AND NEWS MEDIA OF MY ABOVE NAMED CHILD/CHILDREN CAN BE SHARED WITH MEDIA OUTLET, INCLUDING, NEWSPAPER, TELEVISION STATIONS, AND SOCIAL MEDIA WITHIN ANY AND ALL ACTIVITIES, PARTNERSHIPS, INCLUDING MUSIC, THEATER AND OTHER RELATED ENRICHMENT WITHIN THIS PROGRAM.

I/WE _____, GRANT PERMISSION FOR THE ABOVE NAMED CHILD/CHILDREN TO ACTIVELY PARTICIPATE IN (ALL) AFTER SCHOOL ACTIVITIES, AND PARTNERSHIPS.....INCLUDING (ALL) PLA WALKING/BUS TRIPS, WITHIN AND OUTSIDE THE PIEDMONT COMMUNITY.

I/WE _____, UNDERSTAND THAT PES/PMS STUDENTS THAT ARE INVOLVED IN ANY SATURDAY AND/OR SUNDAY PRACTICES UNDER MR. WRIGHT'S THEATER PRODUCTIONS MUST BE ACCOMPANIED BY THEIR PARENT OR GUARDIAN.

I/WE _____, GRANT PERMISSION FOR THE ABOVE NAMED CHILD TO ACTIVEY PARTICIPATE IN (ALL) AFTERSCHOOL ACTIVITIES, INCLUDING WORK-OUTS, AEROBICS, SPORTS, GAMES, DRAMA, MUSIC, ART, TUTORING, STEM&STEAM ETC.

I/WE _____, UNDERSTAND MY/OUR PARTICIPATION AS PARENT/S IS MANDATORY WITHIN THIS GRANT, THEREFORE ATTENDING MY CHILD'S PLA PROGRAMS, MEETINGS, AND SURVEY PARTICIPATION, AS WELL ASS COMMUNICATING WITH PES/PMS//PLA TEACHERS IS MANDATORY. I UNDERSTAND THIS IS VITAL IN ORDER TO CREATE A SUCCESSFUL UNITY BETWEEN HOME AND SCHOOL, WHICH EMPOWERS MY CHILD, FAMILY, SCHOOL AND COMMUNITY AS A WHOLE.

*Medical Insurance Name: _____ Policy Holder _____ # _____

Parent Signature: _____ Date: _____

PES STUDENTS: RETURN THIS FORM TO YOUR CHILD'S HOMEROOM TEACHER

PMS STUDENTS: RETURN THIS FORM TO MRS. STEED IN THE PMS OFFICE