

21st Century Community Learning Center Registration

Boulder Elementary School

Safe*Fun*Engaging*Educational

Student First Name _____ Middle _____ Last _____

Gender Male _____ Female _____ Age _____ Birthday(mmddyy) _____ Ethnicity _____

Allergies: _____

Address Home _____ PO Box _____ City _____ Zip _____

Home phone _____ Cell Phones Dad _____ Mom _____

e-mail for program updates _____

Father's Name _____ Occupation (optional) _____

Father's work phone _____ Employer (optional) _____

Mother's Name _____ Occupation (optional) _____

Mother's work phone _____ Employer (optional) _____

Guardian's Name _____ Occupation (optional) _____

Guardian's work phone _____ Employer (optional) _____

Member lives with Mother _____ Father _____ Grandparent _____ Other _____

Number in household _____

Local Emergency Contact OTHER than Parent

Name _____ Phone _____

Relationship to student _____

School Information

School _____ Grade _____ Teacher _____

My Child can check out alone and leave at the end of the program Circle One Yes No

My Child must be checked out by an authorized adult Circle One Yes No

Persons Authorized to Pick up Student

Name _____ Relationship to student _____ phone _____

Name _____ Relationship to student _____ phone _____

Name _____ Relationship to student _____ phone _____

I, the undersigned (as a parent or guardian of the participant, a minor), hereby give permission for mutual exchange of information between the 21st Century Programs and the school regarding health and safety issues, food program status, immunization records and academic achievement.

Signature _____ Date _____

Acknowledgment and Consent For internal and external use, I acknowledge that the 21st Century Programs and/or its sponsors may utilize film, print, and digital images of a student or a family, which may be taken during involvement in the 21st Century Programs activities. I consent to such uses and hereby waive all rights to compensation. **Initial** _____

Transportation I hereby give my child permission to travel on the 21st Century Programs bus for field trips. I understand that if my child is not at the designated pickup site, the 21st Century Programs will not be responsible for my child. **Initial** _____

Doctor's Name _____ Phone _____

Serious Health Problems: No _____ Yes _____ If yes, explain _____

Medications: No _____ Yes _____ If yes, explain _____

I, the undersigned (as a parent or guardian of the participant, a minor), hereby authorize the staff of the 21st Century Programs, volunteers, coaches, trainers, supervisors, instructors and drivers as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or by licensed medical personnel. Staff will NOT medicate children. Parents/guardians are ENTIRELY responsible for medications and for personally arranging for or insuring the proper and timely medicating of their child.

Signature _____ **Date** _____