

Registration  
2019-2020

Piedmont Learning Academy  
ACADEMICS AND ENRICHMENT AFTERSCHOOL PROGRAM

Starting Date: August 26th  
Open Enrollment Yearly



Homeroom Teacher \_\_\_\_\_ Grade Level \_\_\_\_\_ PES \_\_\_\_\_ or PMS \_\_\_\_\_

Time: 3:15 to 5:15 (Prek-8th) Days Attending (circle) M T W T H F

Students will start IMMEDIATELY once the homeroom teacher receives this form unless parents indicated otherwise.... \_\_\_\_\_

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. # \_\_\_\_\_

Important: 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.**

*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 # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Name \_\_\_\_\_ Phone # \_\_\_\_\_

**PARENT SIGNATURES IN ALL (5) AREAS!**

I/WE \_\_\_\_\_, GRANT PERMISSION FOR PHOTO/VIDEO IMAGES, SOCIAL MEDIA, AND NEWS OF MY ABOVE NAMED CHILD AND CAN BE SHARED WITH MEDIA OUTLET, INCLUDING, NEWSPAPER, TELEVISION STATIONS, AND SOCIAL MEDIA.

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

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 MANDATIORY WITHIN THIS GRANT, THEREFORE ATTENDING MY CHILD'S PLA PROGRAMS, AND MEETINGS, WHILE COMMUNICATING WITH PES/PMS//PLA TEACHERS. I UNDERSTAND THIS IS VITAL IN ORDER TO CREATE A SUCCESSFUL UNITY BETWEEN HOME AND SCHOOL, WHICH EMPOWERS MY CHILD, FAMILY 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**

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**THE PIEDMONT LEARNING ACADEMY OFFICE IS LOCATED IN THE PES OFFICE.**