Mrs. Deirdre Brown Ms. Ashley Smith

Program Director Program Coordinator

Quitman County School System Nita M. Lowey 21st CCLC S.O.A.R. Program 2021-2022

 Registration Form Mrs. Deirdre Brown Ms. Ashley Smith

Child/Children’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size (Please circle one per child) Child S M L Adult S M L XL

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child a (please circle one): Bus Rider Car Rider Walker

If your child walks home please sign giving permission for your child to walk home:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent allowing student to walk home

**EMERGENY CONTACT: Please list those (other than parents) who may pick up your child/children:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children will not be allowed to leave with anyone without authorization from a parent/guardian. IDs will be checked before a child is released.

**NOTE:** **Please list anyone who may not pick up your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL: List below any physical condition or other medical conditions you feel we should be aware of:**

Allergies/food (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergic to any drugs(s) (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diabetes \_\_\_\_\_ Heart Condition \_\_\_\_\_ Epilepsy \_\_\_\_\_ Convulsions \_\_\_\_\_ Asthma \_\_\_\_\_

Emotional upsets \_\_\_\_\_ Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List medication(s) your child currently takes (including Aspirin).**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List any activities that your child should not participate in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 PLEASE TURN OVER TO COMPLETE SIDE 2

***Quitman County School District****does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender, gender identity, age, religion, national origin, or disability in its programs, services, or activities—in access to them, in treatment of individuals, or in any aspect of their operations.*

 Program Director Program Coordinator

Quitman County School System 21st CCLC Summer S.O.A.R. Program Registration Form

**PARENT/GUARDIAN Permission for 21st CCLC PLEASE READ CAREFULLY**

**Agree\_\_\_\_ Decline\_\_\_\_** I hereby give permission for the participant(s) on the reverse side to participate in activities which may include off-site events, academic assistance, continuing education, character education, Quitman County Library Summer Reading Program, alcohol, tobacco, and drug prevention and recreational programs.

**Agree\_\_\_\_ Decline\_\_\_\_**  I am the person authorized by law to give such permission, do hereby give my

 permission for emergency medical treatment to be given to the participant(s) listed on the reverse side. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and, that failing to reach me, all reasonable attempts to contact the alternate listed above will be made, I understand that all reasonable precautions will be taken for safety at all times. I further release the 21st Century Quitman County Soar Program and all persons associated with this organization from any liability associated with accident, injury or disease to the person who is the subject of this form.

**Agree\_\_\_\_ Decline\_\_\_\_** If a medical emergency arises, program staff will take all steps necessary to

ensure the safety of the participant and will call, if necessary, a public

 emergency vehicle for transport to an emergency facility. I understand that I

 will be responsible for transportation charges and medical expenses

 incurred.

**Agree\_\_\_\_ Decline\_\_\_\_** I hereby give my consent to the School District’s SOAR program to take the

participant’s photograph during program activities, to be used for education and public relations purposes in conjunction with the School District’s SOAR program

**Agree\_\_\_\_ Decline\_\_\_\_** I hereby give permission for my child’s artwork, poetry or other work

produced in conjunction with the SOAR program to be used for education

and public relation purposes.

**Agree\_\_\_\_ Decline\_\_\_\_\_** I understand that the information to be posted may include information from

 my child’s academic, guidance, permanent or cumulative record (i.e. grades or

 attendance records.) I also understand that the information to be posted does

 not include other personal identifiable information such as my child’s address,

 phone number or social security number.

**Agree\_\_\_\_ Decline\_\_\_\_** I further give my consent to the School District and the SOAR program to

 share the participant’s student records with each other for purposes of

 providing educational support and assistance.

**Agree\_\_\_\_ Decline\_\_\_\_**  I understand that the School District will use participant records to evaluate

 individual progress and improvement, as well as to evaluate the impact of the

 program on student achievement and to obtain continued funding for the

 program.

**Agree\_\_\_\_ Decline\_\_\_\_** I hereby certify that I have read and do understand the above information.

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

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_