



# Student Registration Form

## 21<sup>st</sup> CCLC Schuylkill ACHIEVE Afterschool Program

Please complete **ALL** requested information and print legibly. Thank you.

Student's Name: \_\_\_\_\_

School District: \_\_\_\_\_

Student's Grade \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

**Emergency contacts:** In the event that a parent or guardian cannot be reached in an emergency situation - or if the student is absent without excuse.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical conditions or allergies:**  
\_\_\_\_\_  
\_\_\_\_\_

**Dietary restrictions:**  
\_\_\_\_\_

Each week of the school year, my student will typically attend the program on: Mon Tues Wed Thurs  
(Circle the days)

- My student will ride the bus home
- My student will be picked up by \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Others authorized to pick up my child in the event that this person is not available - please note their relation to your student: \_\_\_\_\_

**Notes to parents/guardians** (please read and check off):

- I am aware that the program runs 4 days per week and if my student will be absent, the Schuylkill ACHIEVE Site Coordinator must be notified.
- I have completed the Emergency Plan Form.
- I have received and acknowledge the Safeguarding Sensitive School, Teacher and Student Data Form.
- I have received a copy of the Parent Handbook.
- My student is eligible to receive free or reduced lunch. \*Your student does **not** need to qualify for free or reduced lunch to be able to participate in Schuylkill ACHIEVE Afterschool.
- My student may be photographed in the Schuylkill ACHIEVE program for media purposes. **Check the box for YES.**
- My child's IEP can be reviewed with the Site Coordinator by the school to allow for necessary accommodations. **Check the box for YES.**

**Additional parent or guardian information:**

Do you have any skills, talents, or activities that you would like to share with 21<sup>st</sup> CCLC Schuylkill ACHIEVE students during the Afterschool Program or during a Family Event?

\_\_\_\_\_

\_\_\_\_\_

- \*Parent and guardian feedback is important to us!
- \*Please join us for monthly Family Nights! Your child *loves* when you join us for some fun!



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

\* Date: \_\_\_\_\_

Please direct any questions to your school's Schuylkill ACHIEVE Site Coordinator