

Name of Grantee Houston County Board of Education Name of Site Perry Middle School  
 CLC YOUTH Participant Registration Form -- 2010-2011 School Year

OFFICE USE ONLY

Site # \_\_\_\_\_  
 Bus # \_\_\_\_\_  
 Date Entered in Computer \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Data Staff Initials \_\_\_\_\_



\*\*\* New REGISTRANTS AREA - PLEASE COMPLETE FOR ALL PARTICIPANTS IN THE HOUSEHOLD - PLEASE PRINT \*\*\*

<b>Last Name</b> _____ <b>First Name</b> _____ <b>Middle</b> _____ <b>Student ID</b> _____ <b>Date of Birth</b> ____/____/____	<b>Gender</b> (check 1) <input type="checkbox"/> F <input type="checkbox"/> M <b>Lunch Status</b> (check 1) <input type="checkbox"/> Free/Reduced <input type="checkbox"/> Full <input type="checkbox"/> Not Avail <input type="checkbox"/> Unknown	<b>Ethnicity</b> (check 1) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Data Not Available <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other/Unknown <input type="checkbox"/> White (Not of Hispanic origin) <input type="checkbox"/> Other _____	<b>Primary Language</b> (check 1) <input type="checkbox"/> English <input type="checkbox"/> Not Avail <input type="checkbox"/> Other <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	<b>Address</b> _____ _____ <b>Zip Code</b> _____ <b>Phone</b> _____ <b>E-mail</b> _____ <b>School</b> _____ <b>Grade</b> _____ <b>Math Teacher Name</b> _____ <b>English Teacher Name</b> _____	<b>Lives With</b> (check 1) <input type="checkbox"/> Both parents <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other <input type="checkbox"/> Single parent father <input type="checkbox"/> Single parent mother <input type="checkbox"/> Other _____	<b>Transportation</b> (check 1) <input type="checkbox"/> City Bus <input type="checkbox"/> Picked up <input type="checkbox"/> School Bus <input type="checkbox"/> Walk Home If Site Bus: Bus Route _____ Closest Corner Stop _____	<b>Special Needs</b> (allergies, medications, diet, etc.)
<b>Last Name</b> _____ <b>First Name</b> _____ <b>Middle</b> _____ <b>Student ID</b> _____ <b>Date of Birth</b> ____/____/____	<b>Gender</b> (check 1) <input type="checkbox"/> F <input type="checkbox"/> M <b>Lunch Status</b> (check 1) <input type="checkbox"/> Free/Reduced <input type="checkbox"/> Full <input type="checkbox"/> Not Avail <input type="checkbox"/> Unknown	<b>Ethnicity</b> (check 1) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Data Not Available <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other/Unknown <input type="checkbox"/> White (Not of Hispanic origin) <input type="checkbox"/> Other _____	<b>Primary Language</b> (check 1) <input type="checkbox"/> English <input type="checkbox"/> Not Avail <input type="checkbox"/> Other <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	<b>Address</b> _____ _____ <b>Zip Code</b> _____ <b>Phone</b> _____ <b>E-mail</b> _____ <b>School</b> _____ <b>Grade</b> _____ <b>Elem Teacher Name</b> _____ <b>Math Teacher Name</b> _____ <b>English Teacher Name</b> _____	<b>Lives With</b> (check 1) <input type="checkbox"/> Both parents <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other <input type="checkbox"/> Single parent father <input type="checkbox"/> Single parent mother <input type="checkbox"/> Other _____	<b>Transportation</b> (check 1) <input type="checkbox"/> City Bus <input type="checkbox"/> Picked up <input type="checkbox"/> School Bus <input type="checkbox"/> Walk Home If Site Bus: Bus Route _____ Closest Corner Stop _____	<b>Special Needs</b> (allergies, medications, diet, etc.)
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**CLC YOUTH Participant Registration Form**

**HOUSEHOLD INFORMATION PAGE --- Fill out only ONE per family ---**

Parent/Guardian Last Name	First Name	Home Phone	Work Phone	Relationship

**ADDITIONAL CONTACTS:** List additional contacts for the child(ren) and use the check boxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick on the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick Up?	Emergency Contact	Lives With?
						[ ]	[ ]	[ ]
						[ ]	[ ]	[ ]
						[ ]	[ ]	[ ]
						[ ]	[ ]	[ ]

[ ] Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions.

Last Name	First Name	Last Name	First Name

**Parent/Guardian Permission For CLC**

**\* PLEASE READ CAREFULLY \***

*Must be signed by Parent/Guardian for participants 18 and under*

Accept      Decline

- I agree to participate in the Community Learning Center (CLC) programs and activities and I hereby give permission for the participant(s) listed on the reverse side to take part in the School District's 21st Century Community Learning Centers (CLC) activities, which may include off-site events, academic assistance, continuing education, and recreational programs.
- 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 any transportation charges and medical expenses incurred.
- I agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify the 21st Century Community Learning Center staff.
- I hereby give my consent to the School District's 21st Century Community Learning Centers (CLC) programs 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 21st Century Community Learning Centers (CLC) programs.
- I hereby give permission for my child's artwork, poetry or other work produced in conjunction with the School District's 21st Century Community Learning Centers (CLC) programs to be used for education and public relations purposes.
- 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.
- I further give my consent to the School District and the 21st Century Community Learning Centers (CLC) to share the participant's student records with each other for purposes of providing educational support and assistance.
- 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.
- I hereby certify that I have read and do understand the above information.

I hereby certify that I have read and do understand the above information:

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_