

Carver Middle LEAP / Communities in Schools of Walton County (CIS)

21st CCLC / CIS YOUTH Participant Registration Form -- 2016-2017 School Year

*** PLEASE PRINT ***

Last Name	First Name	MI	Date of Birth	Student ID

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

Grade	Ethnicity	Primary Language	Address	Lives With	Transportation
_____	(check 1) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other	(check 1) <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Spanish <input type="checkbox"/> Other	_____ _____ _____ Zip Code _____ Phone _____ E-mail _____	(check 1) <input type="checkbox"/> Both parent <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	(check 1) <input type="checkbox"/> Picked up <input type="checkbox"/> School Bus <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;">Office Use Only</div> <div style="clear: both;"></div> <input type="checkbox"/> Football <input type="checkbox"/> Basketball <input type="checkbox"/> Baseball / Softball <input type="checkbox"/> Track <input type="checkbox"/> Soccer <input type="checkbox"/> Volleyball Other _____

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 up the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick Up?	Emergency Contact	Lives With?
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Check box if medical or 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.

Explain

Please return to CMS 21st CCLC Site Coordinator ASAP

Parent/Guardian Permission For 21st CCLC / CIS

*** PLEASE READ CAREFULLY ***

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

Accept	Decline	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I agree to participate in the 21 st Community Learning Center and/or Communities In Schools of Walton County (CIS) 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 and/or Communities In Schools of Walton County (CIS) activities and services, which may include case management, off-site events, academic assistance, continuing education, and recreational programs.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	If a medical emergency arises, 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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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/CIS staff.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I hereby give my consent to the School District's 21st Century Community Learning Centers and/or Communities In Schools of Walton County (CIS) 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 CCLC and/or Communities In Schools of Walton County (CIS)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 (CIS) programs to be used for education and public relations purposes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I understand that the information to be posted to the public may include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that this information does not include other personal identifiable information such as my child's address, phone number, or social security number.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I further give my consent to the School District and the 21st Century Community Learning Centers and/or Communities In Schools of Walton County (CIS) to share the participant's student records with each other and state and national data bases for purposes of providing case management, program evaluation, educational support and assistance.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 _____

21st CCLC / CIS **ADULT** Participant Registration--

****PLEASE COMPLETE FOR EACH ADULT PARTICIPANT - PLEASE PRINT *****

Last Name _____	Gender (check 1) <input type="checkbox"/> F <input type="checkbox"/> M	Ethnicity (check 1) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Data Not Available <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other _____	Primary Language (check 1) <input type="checkbox"/> Data Not Available <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Address _____ _____ _____ Zip Code _____ Phone _____ E-mail _____
First Name _____				
Middle _____				
I have family member(s) that attend this school during the day <input type="checkbox"/> Yes <input type="checkbox"/> No				
Family Members Name _____				

Carefully read and sign below:

I agree to participate in the Community Learning Center programs and activities. If a medical emergency arises, staff will take steps necessary to ensure my safety and will call, if needed, a public emergency vehicle to transport me to a medical facility. I understand that I will be responsible for any charges and medical expenses incurred. I also give my consent to the CLC program to take my photograph during CLC activities, to be used for educational and public relations purposes. I further give my consent to the CLC program to share my participant records with each other for purposes of educational support and assistance. In addition, I understand that the CLC may use my participant records to evaluate individual progress, as well as to evaluate the overall impact of the program to obtain continued funding for the program.

Signed _____ Print Name _____ Date _____