

21st Century Community Learning Center Afterschool Program Application Form 2018 – 2019 School Year

Child's Information:

First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____

Race: () African American, () Asian, ()Caucasian, () Hispanic, () Multi-Racial, () Native American

Parent /Guardian:

Name _____ Relationship _____

Cell Phone Number _____ Work Phone _____

Emergency Contact:

1. Name _____ Phone Number _____

2. Name _____ Phone Number _____

Any Serious Health Problems (including allergies and/or use of medication? () Yes, () No

I (we) hereby give permission for _____ to participate in the 21st Century Afterschool Program (3:15 – 5:30 p.m.) and state that I (we) are the parent(s) or legal guardian(s) of the above named child. I (we) permit and authorize any 21st Century Program representative to contact qualified medical personnel to perform any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to the above named minor. I (we) understand that care for injuries that may occur during my child's active participation in the 21st Century Afterschool program activities are the responsibility for myself, my family, and/or my insurance company. I (we) understand that the 21st Century Program does not supply primary insurance for my child.

Signature of Parent/Guardian

Date

