



## 21<sup>st</sup> Century Community Learning Centers (21CCLC)

### Student Enrollment Form Otto-Eldred after School Program

School Year 2018-2019

<b>Student Information</b>		
Student Name:		Date of Birth:
School:	Grade:	Teacher:
Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Gender: Male ____ Female ____	
Ethnicity: 1. Caucasian 2. African American/Black 3. Hispanic/Latino 4. Asian 5. Pacific Islander 6. Native American/Alaskan 7. Other: _____		
My Child will attend program on: __Monday __Tuesday __Wednesday __Thursday __Friday		
<b>Parent/Guardian Information</b>		
Name of Primary Parent/Guardian 1:		
Relationship to Student: Mother Father Grandmother Grandfather Other: _____		
Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Work Phone:	<b>*Email:</b>	
Name of Primary Parent/Guardian 2:		
Relationship to Student: Mother Father Grandmother Grandfather Other _____		
Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Work Phone:	<b>Email:</b>	

**Child Release Information**

I give my child permission to ride the bus home after program: Yes \_\_\_\_ No \_\_\_\_

Address for bus to drop my child off (**Only 1 address is allowed for bus route**):  
 \_\_\_\_\_

My Child will be picked up: YES \_\_\_\_\_ NO \_\_\_\_\_

**I give permission for the following individuals to pick up my child:**

Name:	Relationship to Student:
Home Phone:	Cell Phone:
Name:	Relationship to Student:
Home Phone:	Cell Phone:
Name:	Relationship to Student:
Home Phone:	Cell Phone:

**Authorizations**

I agree to communicate with the YMCA staff regarding any questions or concerns in a timely manner. Yes \_\_\_\_ No \_\_\_\_

I grant permission for the YMCA to transport my child to and from field trips/activities and in emergency circumstances. Yes \_\_\_\_ No \_\_\_\_

I grant permission for my child to participate in walking field trips Yes \_\_\_\_ No \_\_\_\_

I grant permission for my child to be photographed by the YMCA and partnering organizations Yes \_\_\_\_ No \_\_\_\_

I understand that my child is responsible for their own behavior, clothes, and belongings  
 Yes \_\_\_\_ No \_\_\_\_

By enrolling my child in the 21CCLC program, I grant permission to allow access of information including assessments, report cards, etc. to be used for data for the 21<sup>st</sup> Century Community Learning Centers Grant.

Parent/caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Information

\*To be completed by the parent/guardian. This confidential health information will only be used to ensure the safety of the children in this program.

Please provide your child's medical history:

Allergies to food: Yes\_\_\_ No\_\_\_ Specify\_\_\_\_\_

Behavioral/Emotional: Yes\_\_\_ No\_\_\_ Specify\_\_\_\_\_

Physical Disabilities: Yes\_\_\_ No\_\_\_ Specify\_\_\_\_\_

Corrective Device: Yes\_\_\_ No\_\_\_ Specify\_\_\_\_\_

Asthma: Yes\_\_\_ No\_\_\_ Does your child use an inhaler or nebulizer: Yes\_\_\_ No\_\_\_

Allergy to penicillin: Yes\_\_\_ No\_\_\_ Allergy to plants: Yes\_\_\_ No\_\_\_

Allergy to insect stings: Yes\_\_\_ No\_\_\_ Hay Fever: Yes\_\_\_ No\_\_\_

Convulsions/Seizures: Yes\_\_\_ No\_\_\_ Diabetes: Yes\_\_\_ No\_\_\_

Other: \_\_\_\_\_

Does your child have special health care needs that require treatment or medication? Yes\_\_\_ No\_\_\_  
Please explain: \_\_\_\_\_

(The after school program is unable to administer any medications except: emergency inhalers, emergency Epi-Pens, and Benadryl if given as a preventative medication with the Epi-Pen. We are only able to administer these medications when we are provided with the proper paperwork filled out by the parent/guardian and the child's doctor.)

Are there any activities your child cannot participate in: Yes\_\_\_ No\_\_\_  
Please explain: \_\_\_\_\_

If my child requires emergency care and I cannot be reached, I give my consent to the 21<sup>st</sup> CCLC Program to obtain the necessary medical care for my child. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.

Parent Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent/Guardian Authorizations: This registration form is correct and complete to the best of my knowledge. The person herein described has permission to engage in all program activities except as noted. Any questions or concerns, contact Rachel Morgan (Program Director) text or call (716 378-1590) or by email: [rachelm@yourymca.org](mailto:rachelm@yourymca.org)

Parent Signature \_\_\_\_\_ Date\_\_\_\_\_

Parent Name (Printed) \_\_\_\_\_ Date\_\_\_\_\_