



For Office Use Only:
 Enrollment Date _____ Withdrawal Date _____
 School Name _____
 Returning Student ___yes___no



21st Century CCLC Registration Form

I. PERSONAL INFORMATION

STUDENT NAME _____ NICKNAME _____ AGE _____ RACE _____

STUDENT ID # _____ MALE/FEMALE (CIRCLE ONE) BIRTHDATE _____

SCHOOL: _____ GRADE _____ LUNCH STATUS: FREE REDUCED FULL PRICE

PRIMARY LANGUAGE: ENGLISH SPANISH OTHER _____ (CIRCLE ONE)

Custody of child is with: mother; father; both parents; other _____

MOTHER'S NAME _____ RACE _____

HOME ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

EMPLOYER _____

PRIMARY LANGUAGE: ENGLISH SPANISH OTHER _____ (CIRCLE ONE)

FATHER'S NAME _____ RACE _____

HOME ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

EMPLOYER _____

PRIMARY LANGUAGE: ENGLISH SPANISH OTHER _____ (CIRCLE ONE)

II. STUDENT INFORMATION

ALLERGIES/MEDICATIONS _____

HANDICAPS {GLASSES, ETC.} _____

SPECIAL EDUCATION CLASSES? IF SO, LIST AREA OF EXCEPTIONALITY:

PHYSICAL LIMITATIONS _____

III. EMERGENCY INFORMATION List exactly who you would like to be contacted **first** (including yourself).

1ST CONTACT _____ PHONE _____

2ND CONTACT _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

LIST OF ALL PERSONS WHO MAY PICK UP MY CHILD FROM THE PROGRAM SITE INCLUDING ME:

1). _____ PHONE _____

2). _____ PHONE _____

3). _____ PHONE _____

4). _____ PHONE _____

IV. ADDITIONAL INFORMATION:

T-SHIRT SIZE (Youth) XS S M L (Adult) S M L XL 2X (circle one)

V. PERMISSION/WAIVER

I hereby give my child permission to participate in the entire ASAP program and do solemnly release Newton County School System and the ASAP staff from any injury that may result from, but not exclusive to, participation in the program. Such program shall include, but not be limited to, recreational activities, field trips, games, etc.

SIGNED _____ DATE _____
(Parent/Guardian)