



**2019-20 Southern Door Elementary/Door County YMCA**

**21st Century Community Learning Center After School Program Registration Form**

(All forms must be fully completed for each child you register and before he/she can start Program)		Office use only	Start Date _____
			End Date _____
Release to Exchange Information	Registration Form	Signed Parent Handbook	

Name of your child's teacher: \_\_\_\_\_ Grade in 2019-20: \_\_\_\_\_

**Reason for Enrolling: Teacher Referral \_\_\_ Academic Help \_\_\_ Work Schedule \_\_\_ Other \_\_\_**

**Important: Indicate the days your child will attend the full program.**

Monday    Tuesday    Wednesday    Thursday    Friday

**Child's Information (IMPORTANT: Each child must have a separate registration form on file.)**

Last Name	First Name	Home Address	Birthdate

<p><b><i>PARENT/GUARDIAN (Primary)</i></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Primary Phone: _____</p> <p>Place of Employment: _____</p> <p>Work Phone: _____</p> <p>Relationship: _____</p> <p>E-Mail: _____</p>	<p><b><i>PARENT/GUARDIAN</i></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Primary Phone: _____</p> <p>Place of Employment: _____</p> <p>Work Phone: _____</p> <p>Relationship: _____</p> <p>E-Mail: _____</p>
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<p><b><i>EMERGENCY CONTACT (Priority 1)</i></b></p> <p>Name: _____</p> <p>Is this person authorized to pick up your child from program:  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Address: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Relationship: _____</p>	<p><b><i>EMERGENCY CONTACT (Priority 2)</i></b></p> <p>Name: _____</p> <p>Is this person authorized to pick up your child from program:  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Address: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Relationship: _____</p>
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**List other people authorized to pick up your child from program:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I authorize all individuals listed on the school emergency card for pick up

**Please provide the following information so we can provide the best service to your child and family.**

**MEDICAL INFORMATION** - Check any special medical condition that your child might have.

Food allergies - Specify food(s): \_\_\_\_\_

Non-food allergies - Specify: \_\_\_\_\_

Does your child have an Epi-pen for allergies?  Yes  No

Asthma Does your child have an Inhaler?  Yes  No

Diabetes

Epilepsy/Seizure disorder

Other special needs for your child

Signs or symptoms to watch for medical conditions listed above - Specify: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If medications are necessary a copy of the "Authorization to Administer Medication" form should be attached to this form. Will your child require medication at program?  Yes  No

**OTHER**

Does your child have an IEP?  Yes  No

What language does your child primarily speak? \_\_\_\_\_

What is the primary language of the parent/guardian? \_\_\_\_\_

Special concerns about your child or family - Specify? \_\_\_\_\_

**AUTHORIZATION**

Yes  No I hereby give my consent for my child to receive emergency medical care or treatment if I cannot be reached immediately.

Yes  No I will review the policies of this program and the guidelines by which the program is run and understand that it is my responsibility to assure that my child is present until the conclusion of any program day attended.

Yes  No I give my child permission to participate in fieldtrips and other off-site activities during program hours and that I will be notified in advance of these opportunities.

Yes  No I give my permission for my child to be photographed or videotaped for newsletters, website, and brochures.

Yes  No I give my child permission to participate in anonymous and/or confidential surveys and data for grants.

Because the number of eligible children seeking to enroll in the Afterschool Program often exceeds the number that may be safely and effectively served with available funding, waiting lists must be established from time to time. Preference will be given to students who meet the grant criteria AND attend program five days a week, the entire length of the program.

Lack of transportation will not be a barrier to participation

I have arranged transportation home for my child

I need help arranging transportation home for my child

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Registration forms may be returned to the elementary school office or emailed to 21cclc@southerndoor.k12.wi.us