

Clarke County School District 21st Century Community Learning Centers

Boys and Girls Clubs of Athens

Participant Registration Form

2023-2024 School Year

Circle the location: (H.T. Edwards or Smilow)

OFFICE USE ONLY

Site # _____

Bus# _____

Date Entered in Computer

____/____/____

Data Staff Initials _____

Student's Name: _____			
Last	First	Middle	
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>		School: _____	Grade: _____
		Date of Birth: ____/____/____	
Ethnicity:			
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian	
<input type="checkbox"/> Black (not of Hispanic origin)		<input type="checkbox"/> White (not of Hispanic origin)	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Other: _____			
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			
Address: _____			
Street	City	GA State	ZIP
Home Phone: _____		Student ID: _____	Lunch Status: <input type="checkbox"/> Free/Reduced <input type="checkbox"/> Full Pay
Student lives with: parents/mother/father/other			
Special Needs: (allergies, medications, diet, restricted pick-up, etc.)			
Transportation From 21st CCLC Program			
Parent Pick-up only			
	Home Phone	Work Phone	Cell Phone
Parent/Guardian			Relationship
Emergency Contact/Pick Up			
Accept	Decline		
<input type="checkbox"/>	<input type="checkbox"/>	I agree to participate in the Community Learning Center (CLC) programs and activities and I hereby give permission for the participant(s) listed to take part in the School Districts 21 st CCLC activities, which may include off-site events, academic assistance, continuing education, and recreational programs.	
<input type="checkbox"/>	<input type="checkbox"/>	I agree that if a health condition exists now or in the future, that would impact the participation of those listed, I will notify the 21 st Century Community Learning Center staff.	
<input type="checkbox"/>	<input type="checkbox"/>	I hereby give my consent to the School District's 21 st CCLC 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 21 st CCLC.	
<input type="checkbox"/>	<input type="checkbox"/>	I give permission for my child's artwork, poetry, or other work produced in conjunction with the School District's 21 st CCLC programs to be used for educational and public relations purposes.	
Please initial each box below to verify understanding.			
		I understand that the Program will maintain records on my child's academic, disciplinary, guidance, permanent and/or cumulative records (i.e. grades or attendance records) and/or qualification for free/reduced lunch. I also understand that information reported using these confidential records will not include personal identifiable information such as my child's address, phone number, or social security number.	
		I understand that the program will use surveys, interview, and student 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.	
		I understand that the Clarke County School District is exempt from state day care licensure requirements because they are a public school district in the State of Georgia.	
		If a medical emergency arises, program 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.	
		_____	_____
		Insurance Carrier	Insurance Number

