

Clarke County School District 21st Century Community Learning Centers

Boys and Girls Clubs of Athens

Participant Registration Form

2022-2023 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 Male **School:** _____ **Grade:** _____ **Date of Birth:** ___/___/___

Ethnicity: American Indian/Alaskan Native Asian Other: _____
 Black (not of Hispanic origin) White (not of Hispanic origin)
 Native Hawaiian or Other Pacific Islander Hispanic

Primary Language: English Other Spanish Other: _____

Address: _____ **GA** _____ **Lunch Status:** Free/Reduced Full Pay
Street City State ZIP

Home Phone: _____ **Student ID:** _____ **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	Relationship
Parent/Guardian				
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/understand:

	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

Sign _____

Date _____

Form must be signed and dated