

21st Century After School Program Registration 2026-2027 School Year

(This form only needs to be filled out ONCE per school year)

Name of Student(s) _____

Age of Student(s) _____ Grade(s) _____ Date(s) of birth _____

Address _____

Primary Contact _____ Phone _____

Secondary Contact _____ Phone _____

Emergency Contact _____ Phone _____

Allergies/Medical Concerns? _____

Does your student have permission to check themselves out at 5:30 and walk home?

- YES
- NO

The following individuals are authorized to pick up my student from ASP

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

- ✓ I, the undersigned (as a parent or guardian of the participant, a minor), hereby give my permission for mutual exchange of information between the 21st Century Program and the school regarding health and safety issues, food program status, immunization records, and academic achievement.
- ✓ I, the undersigned (as a parent or guardian of the participant, a minor) understand that student pickup time each night is 5:30 pm. If a student is picked up more than 3x after this point, it will result in student removal from ASP clubs for **one week**.
- ✓ I, the undersigned (as a parent or guardian of the participant, a minor) understand that all school rules are to be followed by students during ASP time, and pending consequences that are needed to be given by directors and school administrators, could result in student removal from ASP clubs for one week.

Signature _____ Date _____

Acknowledgement and Consent: I acknowledge that the 21st Century Program and/or its sponsors may utilize film, print, and digital images of a student or a family, which may be taken during involvement in the 21st Century Program activities. I consent to such uses and hereby waive all rights to compensation. Initial _____

Transportation: I hereby give my child permission to travel on the bus for 21st Century Program field trips. Initial _____