## 21st Century After School Program Registration 2024-2025 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 <u>check themselves out at 5:30</u> and walk home?  ☐ YES ☐ NO	
The following individuals are authorized to pick up my student from ASP	
Name	Phone
Name	Phone
Name	Phone
<ul> <li>✓ 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.</li> <li>✓ 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.</li> <li>✓ 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.</li> </ul>	
Signature	Date
may utilize film, print, and digital images of involvement in the 21st Century Program to compensation. Initial	owledge that the 21st Century Program and/or its sponsors f a student or a family, which may be taken during activities. I consent to such uses and hereby waive all rights
<u>Transportation</u> : I hereby give my child petrips. Initial	ermission to travel on the bus for 21st Century Program field