

[] Check box if medical or legal restrictions are in effect. List persons not allowed to see student at site and/or persons not allowed to pick up students per legal restrictions. EXPLAIN.

Medical Information. Please List Any Known Conditions:

Parent/Guardian Permission For 21st CCLC

*** PLEASE READ CAREFULLY ***

Must be signed by Parent/Guardian for participants 18 and under

Accept	Decline	
X		I agree to participate in the 21 st Community Learning Center activities and I hereby give permission for the participant(s) listed on the reverse side to take part in the School District permitted to enroll in the program I hereby release, indemnify and hold harmless 21 st CCLC/LEAP, its employees, operators, counselors and instructors from any and all claims and demands, cost, charges and expenses for harm, injury, damage or loss which may be sustained by participation as a result of or relation to participation in LEAP/21 st CCLC.
X		If a medical emergency arises, 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.
X		I agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify the 21st Century Community Learning Center..
X		I hereby give my consent to the School District's 21st Century Community Learning Centers 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 21st CCLC.
X		I hereby give permission for my child's artwork, poetry or other work produced in conjunction with the School District's 21st Century Community Learning Centers to be used for education and public relations purposes.
X		I understand that the information to be posted to the public may include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that this information does not include other personal identifiable information such as my child's address, phone number, or social security number.
X		I further give my consent to the School District and the 21st Century Community Learning Centers to share the participant's student records with each other and state and national data bases for purposes of providing program evaluation, educational support and assistance.
X		I understand that the School District will use participant 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.
X		I hereby give permission for my child to participate in the activities of 21 st Century Community Learning Center Program, which may include indoor and outdoor recreation activities and/or lessons utilizing food products and that I am responsible for letting the program staff know of any food allergies or medical issues related to such activities.
X		I understand that the 21 st CCLC / LEAP program follows a strict behavior policy due to small group learning environment and that one discipline referral could result in removal from the program.
X		I understand that there is zero tolerance regarding behavior on the bus. Furthermore, I understand that suspension or removal from the 21 st CCLC / LEAP bus could result in removal from the day school bus as well.

I hereby certify that I have read and do understand the above information:

Signed _____ Print Name _____ Date _____

- **Students are eligible to attend LEAP only after receiving and returning signed Acceptance Letter.**
 - **Eligible start date will be listed on the acceptance letter.**
- **Students who are returned to the school by bus due to an absentee adult at home more than once, will be removed from the bus list. They may stay in the program, but alternative transportation arrangements must be made.**
 - **Students who are picked up more than 10 minutes late more than once, will be removed from the program.**
 - **LEAP follows a strict behavior policy within the program due to small group learning and bus safety.**



Monroe Elementary School LEAP

21st CCLC / Participant Registration Form – 2018-2019 School Year

*** PLEASE PRINT ***

Last Name	First Name	MI	Date of Birth	Student ID

*** New REGISTRANTS AREA - PLEASE COMPLETE FOR ALL PARTICIPANTS IN THE HOUSEHOLD - PLEASE PRINT ***

Grade	Ethnicity (check 1)	Primary Language (check 1)	Address	Lives With (check 1)	Transportation (check 1)
_____	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Spanish <input type="checkbox"/> Other	_____ _____ _____ Zip Code _____ Phone _____ E-mail _____	<input type="checkbox"/> Both parent <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Picked up <input type="checkbox"/> School Bus
Gender (check 1) <input type="checkbox"/> F <input type="checkbox"/> M	_____ _____	_____ _____			<div style="border: 1px solid black; padding: 5px; text-align: center;">OFFICE USE ONLY</div> <div style="background-color: #e0e0e0; height: 100px; width: 100%;"></div>

Parent/Guardian Last Name	First Name	Home Phone	Work/Cell Phone	Email Address	Relationship

ADDITIONAL CONTACTS: List additional contacts for the child(ren) and use the check boxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick up the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick Up?	Emergency Contact	Lives With?
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>