

21st Century Community Learning After-School Program

<input type="checkbox"/> The Dearborn Academy	<input type="checkbox"/> West Village Academy	2019/2020
<input type="checkbox"/> Inkster Prep Academy	<input type="checkbox"/> Escuela Avancemos	

Registration --- Emergency Card

Students Name: _____ Grade _____
(last name) (first name)

Address _____ City _____ Zip: _____

Male Female Language spoken at home _____ Birthdate _____

Siblings _____ Grade _____ Siblings _____ Grade _____
(last name) (first name) (last name) (first name)

Birthdate _____ Birthdate _____

Race/ Ethnicity White Black Or African America Asian Hispanic or Latino Other _____
Native Hawaiian or Pacific Islander American Indian or native Alaskan Middle Eastern

Educational Program Circle all that apply Bilingual ESL/ LEP Special Education Title 1 Section 504
Medical Sect 31a Other "at risk" Not performing at grade level

Guardian Information

Mother/Guardian _____	Father/Guardian _____
Days child resides with mother:(circle) M T W TH F	Days child resides with father:(circle) M T W TH F
Relationship: Biological/ Adopted Foster Parent Legal Guardian Step Parent Grandparent	Relationship: Biological/ Adopted Foster Parent Legal Guardian Step Parent Grandparent
Home Address _____	Home Address _____
City _____ Zip _____	City _____ Zip _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone _____	Work Phone: _____
Occupation _____	Occupation _____
Employer: _____	Employer: _____
Work Address: _____	Work Address: _____
Employment Full Time Part Time Not Working On Disability Retired	Employment Full Time Part Time Not Working On Disability Retired
Highest Level Of Education Less Than High School Trade BA/BS PHD JD MD Diploma/ GED Associates MA	Highest Level Of Education Less Than High School Trade BA/BS PHD JD MD Diploma/ GED Asso. MA
Do you consider your family to be homeless? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Emergency Contact: Who will assume temporary care of your child if you cannot be reached

Name _____ Relationship _____ Phone: _____

Address: _____

Name _____ Relationship _____ Phone: _____

Address: _____

Name _____ Relationship _____ Phone: _____

Address: _____

DO NOT RELEASE MY STUDENT TO: _____

Legal Documentation Provided

Local Physician Name _____ Office Phone: _____

Address _____ City _____ State _____ Zip _____

My Child is in good health with no physical restrictions. Yes NO

Does your child have any health problems or allergies? YES NO If yes, explain: _____

List Medications: _____

List any physical restrictions: _____

Additional Comments We Should Know _____

Insurance Information

Insurance Company Name _____ Insurance Policy Number _____

Preferred Hospital _____

School/Parent Understanding

* I give the 21st CCLC Program permission to secure emergency medical help for the above minor(s) while in care.

* I agree to follow all policies and procedures of the 21st CCLC Program as outlined in the Policies & Procedures Handbook.

My child has permission to walk home from School Yes No

Signature of Parent/Guardian _____ Date _____

For Office Use Only:

Accepted into Program: Yes No: Reason _____

Registration Fee collected: \$ _____