



# STUDENT ENROLLMENT FORM

LOCATION: EVERETT ELEMENTARY



## STUDENT INFORMATION

CHILD'S FIRST AND LAST NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

Male  Female Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### ETHNICITY:

- Native American
- Asian American
- African American
- Hispanic/Latino American
- Other: \_\_\_\_\_
- Euro American
- Hawaiian/Pacific Islander American
- Middle Eastern American
- Multi/Bi Ethnicity American

### OTHER QUESTIONS:

- My child qualifies for free or reduced lunch
- My child is an English Language Learner  
Native Language \_\_\_\_\_
- My child receives special education  
services during school hours
- My child is new to this school

PROGRAM:  AM only  PM only  AM & PM  Kindergarten Wrap-Around  Full Day Program/Other: \_\_\_\_\_

### \* FOR CLUB PARTICIPANTS ONLY AT COMMUNITY LEARNING CENTERS:

At the end of the club my youth will:  be picked up by authorized escort  go to the afterschool program  walk home

**MEDICAL INFORMATION/SPECIAL REQUESTS (IMPORTANT & REQUIRED):** List any medical conditions, allergies to food/medications, special diets or any conditions that may affect your child's health while in the program, include any medications your child is taking or please indicate N/A if not applicable:

\_\_\_\_\_  
\_\_\_\_\_  
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## FAMILY INFORMATION

PARENTAL STATUS:  Single  Married  Widowed  Divorced  Separated  Re-married

CUSTODIAL & LEGAL GUARDIAN IS:  Both Mother & Father  Mother  Father  Other: \_\_\_\_\_

### MOTHER/LEGAL GUARDIAN INFORMATION:

FIRST & LAST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### FATHER/LEGAL GUARDIAN INFORMATION:

FIRST & LAST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Over for more required information

**EMERGENCY CONTACTS AND INFORMATION**

**EMERGENCY CONTACTS IN CASE OF EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED:**

NAME: \_\_\_\_\_  
RELATIONSHIP TO CHILD: \_\_\_\_\_  
HOME/CELL PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_  
RELATIONSHIP TO CHILD: \_\_\_\_\_  
HOME/CELL PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_

**AUTHORIZED ESCORTS OTHER THAN PARENT/GUARDIAN OR EMERGENCY CONTACTS: (N/A IF NOT APPLICABLE)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PARENT/GUARDIAN PARTICIPATION QUESTIONS**

**YOUR PARTICIPATION IS VALUED!**

We are committed to providing a safe and stimulating environment for your child. Our programs depend upon the talents and resources from many in our community. Please check which of the following contributions you may be able to make.

- I would volunteer to assist with the daily program activities.
- I would like to share my hobbies, interests and talents.
- I would assist with food/snacks.
- I would assist with recruitment of volunteers.
- I would like to give a financial donation to support the CLC to assist low-income families' program fees.
- My employer and/or company may be able to help financially or with donations.
- I would like to participate on the School Neighborhood Advisory Committee.

**PERMISSION FORM**

YES  NO I give staff permission to use photographs, writings, artwork, TV appearances, etc. for the promotional materials, presentations and documentary purposes.

YES  NO I give staff permission to transport my child for the purpose of program activities.

YES  NO I have received the program handbook.

YES  NO I give my permission for CLC staff to share and receive necessary information from all CLC partners to assist with providing the best program experience for my child.

YES  NO I give permission for the CLC lead agency to arrange for emergency treatment and to contact our family health care provider if guardian is unable to be reached and it is necessary to preserve the health of my child(ren) until such time then I/we can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. If necessary, the program will arrange for emergency transportation to the nearest emergency medical facility.

**CHILD'S PHYSICIAN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

By signing below I give permission for my child to participate in program activities. I understand that the CLC does not carry health and accident insurance for my child/youth, and that I as guardian will be primarily responsible in case of injury where bills are incurred. As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

\_\_\_\_\_  
SIGNATURE OF PARENT AND/OR GUARDIAN

\_\_\_\_\_  
DATE