

Mickle
Community Learning Center
Student Enrollment Form



STUDENT INFORMATION: (complete a separate form for **each** student)

First Name: _____ Last Name: _____

___ Male ___ Female Age: _____ Grade: _____ Date of Birth: _____ Student ID: _____

Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> My child qualifies for Free or Reduced Lunch |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> My child is an English Language Learner
Native Language _____ |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> My child receives Special Education services during school hours |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> My child is new to this school |
| <input type="checkbox"/> White | |
| <input type="checkbox"/> Asian | |
| <input type="checkbox"/> Other | |

FAMILY INFORMATION:

Parent/Guardian First Name: _____^{Mother / Father} Last Name: _____

Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone (Mom): _____ Workplace (Mom): _____

Work Phone (Dad): _____ Workplace (Dad): _____

E-Mail Address: _____

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 indicate which of the following contributions you may be able to make:

- | | |
|--|--|
| <input type="checkbox"/> Assist with program activities | <input type="checkbox"/> My employer/church/club affiliation may be able to help |
| <input type="checkbox"/> Share hobbies, interests or talents | <input type="checkbox"/> Financial contribution |
| <input type="checkbox"/> Assist with food/snacks | <input type="checkbox"/> School Neighborhood Advisory Committee (SNAC) |
| <input type="checkbox"/> Assist with recruitment of volunteers:
_____ | <input type="checkbox"/> Other: _____ |

MEDICAL & EMERGENCY INFORMATION: (IMPORTANT/REQUIRED): EMERGENCY CONTACTS: Please list two emergency contacts, other than parent/guardian, to contact in case of an emergency.

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Home phone: _____ Home phone: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Please list any medical conditions affecting your child, including allergies to food/medications, any illness, any conditions that may affect your child's health while in the program, include any medications your child is taking:

- Special Accommodations: _____

According to Nebraska State Licensing Standards, prescription and over the counter medications can be given when brought in the original container and clearly labeled with the child's name, name of medication and the directions for administering the dosage.

I, _____, have determined the Community Learning Center staff is competent to give or apply medications to my child, _____. I understand that the Community Learning Center Site Supervisor has the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medications to my child.

At the end of the day my child will: walk home be picked-up walk to childcare

Persons, other than parent/guardian, that are authorized to walk or drive your child home:

Name: _____
Relationship to you: _____
Phone: _____

Name: _____
Relationship to you: _____
Phone: _____

BY SIGNING THIS I AGREE TO THE FOLLOWING:

YES NO

I give my permission for my child to be enrolled in the Community Learning Center after school activities.

YES NO

I give permission for the Community Learning Center staff to use any photographs, writings, artwork, etc. for the promotional materials, presentations and documentary purposes.

YES NO

I give Community Learning Center staff permission to transport my child for purpose of medical care and other program activities.

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.

I understand that the Community Learning Center does not carry health and accident insurance for my child, and that I as guardian will be primarily responsible in case of injury where bills are incurred.

I understand that my child may be dismissed for failure to follow rules, failure to participate and failure to follow general operating procedures of the Community Learning Center. As the parent/guardian, I will work as a partner with Community Learning Center staff to ensure my child is successful in the program.

Signature of Parent/Guardian

Date

For Internal Office Use Only:

