

Elliott Community Learning Center
K-2nd grade Student Enrollment
Form

- Before School Reading Program
(8:00 a.m.– 8:50 a.m.)
- After School Academic/Enrichment
Program (3:38 p.m.– 5:30 p.m.)

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

First Name: _____ Last Name: _____

___ Male ___ Female Age: _____ 2004-2005 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"/> School _____ |
| <input type="checkbox"/> White | |
| <input type="checkbox"/> Asian | |
| <input type="checkbox"/> Other | |

FAMILY INFORMATION:

Parent/Guardian

First Name 1: _____ Last Name: _____ Date of Birth: _____

First Name 2: _____ Last Name: _____ Date of Birth: _____

Address: _____ Lincoln, NE Zip Code: _____

Home Phone: _____ Best Time to Call: _____

Work Phone: _____ Best Time to Call: _____

Cell Phone 1: _____ Best Time to Call: _____

Cell Phone 2: _____ Best Time to Call: _____

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 let us know how you would like to help.

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/relatives

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

Name: _____

Name: _____

Relationship to you: _____

Relationship to you: _____

Phone: _____

Phone: _____

BY SIGNING THIS I AGREE TO THE FOLLOWING: (please check boxes)

YES NO

I give permission for Community Learning Center staff to use any photographs, writings, artwork, etc. for 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 Community Learning Center partners to assist in 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 Community Learning Center staff cannot legally give or apply medications to program participants beyond basic first aid and CPR without permission.

I understand that completion of this form does not guarantee placement into a Community Learning Center program. Due to space and safety limitations, program size may be limited. Students not receiving immediate placement will be put on a waiting list and contacted as soon as space becomes available.

I understand that my child may be dismissed for failure to follow rules, failure to participate or 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.

I give my permission for my child to be enrolled in Elliott Community Learning Center activities.

Signature of Parent/Guardian

Date

Please return completed form to: Elliott Community Learning Center, 225 South 25th Street, Lincoln, NE 68510
If you have questions please call (402) 436-1564 or (402) 436-1563.

STUDENT T-SHIRT SIZE (Please circle one): youth S M L adult S M L XL

We take your child's safety seriously. All CLC staff undergo rigorous background checks, and training in First Aid, CPR and Safety Procedures.

