



Hornets Beyond the Bell-MCMS 2021/2022

21st Century Community Learning Center (CLC)
 STUDENT Participant Registration Form
 Sondra Jennings, Director
 Hailey Shirley, Site Coordinator
 Office: 270-432-2019

CLC OFFICE USE ONLY

CLC Site # _____ CLC Bus # _____
 Date Entered in Computer ___/___/___
 Data Staff Initials _____
 Student ID _____

***** PLEASE COMPLETE DETAILS BELOW - PLEASE PRINT**

<p>Student Last Name _____</p> <p>First Name _____</p> <p>Middle _____</p> <p>Birth Date ____/____/____</p> <p>Grade _____</p>	<p>Gender <input type="checkbox"/> F <input type="checkbox"/> M</p> <p>Lunch Status <input type="checkbox"/> Free <input type="checkbox"/> Reduced</p>	<p>Ethnicity: (check 1)</p> <p><input type="checkbox"/> Caucasian (white) American <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Other _____</p>	<p>Primary Language (check one) <input type="checkbox"/> English <input type="checkbox"/> Spanish</p> <p>Other: _____</p>	<p>Lives with (check 1)</p> <p><input type="checkbox"/> Both Parents <input type="checkbox"/> Single mother <input type="checkbox"/> Single father <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Foster care <input type="checkbox"/> Grandparent(s)</p> <p>Other _____ _____</p>
<p>Transportation (check 1)</p> <p><input type="checkbox"/> car rider <input type="checkbox"/> 21st Century Bus</p>	<p>Address _____ _____</p> <p>Zip Code _____</p> <p>Home Phone _____ Cell Phone _____ Contact Number _____ E-mail _____</p>		<p>Special Needs</p> <p>Allergies: _____ _____</p> <p>Epi-pen _____ Medications _____ _____</p> <p>Will medications need to be taken at school? <input type="checkbox"/> Yes <input type="checkbox"/> No ____ If yes, what medication and time? _____</p> <p>Other concerns _____ _____</p>	

Please continue on other side ...

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Parent/Guardian Last Name	First Name	Day Phone	Evening Phone	Cell Phone	Relationship

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ADDITIONAL CONTACTS: List additional contacts for the child. *If no adults are listed below, ONLY THE PARENT(S)/GUARDIAN(S) WILL be able to pick up the student.*

Last Name	First Name	Address	Cell /Work Phone	Allowed to Pickup & Emergency Contact?	Relationship

List persons not allowed to see student in CLC and/or persons not allowed to pick up students per legal restrictions. Guardians are responsible for providing a copy of documentation.

Last Name	First Name

Last Name	First Name

Parent / Guardian Permission for 21st Century CLC ***PLEASE READ CAREFULLY***

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

I hereby give permission for the participant(s) listed on the reverse side to take part in the School District's 21st Century Community Learning Centers (CLC) activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program 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. 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 staff.

I give my consent to the School District's 21st Century Community Learning Centers (CLC) programs to take the participant's photograph during program activities, to be used for education and public relations purposes. I further give my consent to the School District and the 21st Century Community Learning Centers (CLC) to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, 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. [The student data will also be used to fulfill the State and Federal annual progress reporting requirements to obtain continued funding for the program.](#)

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

Signature _____ Print Name _____ Date _____

