EXTENDED LEARNING PROGRAMS REGISTRATION APPLICATION

SCHOOL NAME	TEACHER			
Student name	Birthdate		Grade	
	ce: Mornings: M T W of 3 days/week (Grades K-5 up until 4:15 pm.			
	Parent In	<u>formation</u>		
Parent/guardian name_				
Address				
	Work phone			
Employer: (Father)		Phone		
(Mother)		Phone		
Emergency Contact (othe	er than parents)			
Name		Phone #	Cell	
Child's physician (in case	of emergency and parents of	cannot be reached)_		
Phone #	Address:			
Medical conditions and/o	or Food allergies	JI New York		
(Above <u>on file</u> with the school	nurse and/or cafeteria?)	YES NO		
Parent Signature indicates permission f	or the site-coordinator to secure medical	treatment in the event parent	or other contacts cannot be reached.	
	. PROGRAM IS CANCELED ON ANY WITH SOMEONE WHO CAN TELL Y		,	
My child can be photographed	l and/or videotaped for public	ity purposes. YES	NO	
	t CCLC to access: student ider scipline data. (Required by TI		ades, assessment scores, school o g Programs) YES NO	
Parent/Guardian Applicatio	n Sianature			

EXTENDED LEARNING PROGRAMS TRANSPORTATION CONTACT INFORMATION

Child's Name		
Transportation: Check your	choice below and complete	the requested information.
(1) Parent Pick-up program each day un	(A parent or guardian must sign haless permission has been granted	uis/her child out of the afterschool for the child to walk home.)
Names of people with permi	ssion to pick up your child:	:
Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship
(3) Walker Middle and high school students (10 years a letter with the site- coordinator stating that	at their child is to walk home at 5:15 pm om the program. Elementary students as	at the completion of the program each day if parents <u>fil</u> and the parent/guardian will accept responsibility for re not permitted to walk home unless the parent
Parent Signature		Date