



# 21<sup>st</sup> Century Community Learning Center 2023-24 Registration Form

School: \_\_\_\_\_ Grade: \_\_\_\_\_ HR Teacher: \_\_\_\_\_

### 1. Student Information (Please PRINT student name exactly as it appears on the birth certificate)

Legal Last Name:	Legal First Name:	Full Middle Name:
Date of Birth (MM/DD/YYYY)	Matric #:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say

### 2. Contact / Residential Information

Name as you would like it to appear on correspondence ( example: Mr. & Mrs. John Doe):	Phone Number: (    ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Mailing Address:	Unit #      City                      Zip Code
Student Residential Address (write SAME if same as mailing address):	Unit #      City                      Zip Code

### 3. Parents / Guardians - Must be Legal Guardians – all others should be listed as Emergency Contact below

<b>1st Contact</b>	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Legal Guardian (please specify) _____		
	Last Name:	First Name:	Home Phone:
	Address (write SAME if same as Student Residential Address):		Cell Phone:
	Email:	Is an Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language?	
<b>2nd Contact</b>	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Legal Guardian (please specify) _____		
	Last Name:	First Name:	Home Phone:
	Address (write SAME if same as Student Residential Address):		Cell Phone:
	Email:	Is an Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language?	

### 4. Emergency Contact (Persons who will care for / pick up student if parent cannot be reached) – must be over 18

Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____				
Name:	Home Phone:	Work Phone:	Cell Phone:	<input type="checkbox"/> Interpreter needed? Language _____
Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____				
Name:	Home Phone:	Work Phone:	Cell Phone:	<input type="checkbox"/> Interpreter needed? Language _____
Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____				
Name:	Home Phone:	Work Phone:	Cell Phone:	<input type="checkbox"/> Interpreter needed? Language _____

Is there anyone that may NOT pick up your child? (Name): \_\_\_\_\_

If so, does your child recognize this person and know she/he cannot leave with him/her? YES      NO



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### 5. Medical Information

Insurance:  None  Yes (Name of Insurance: \_\_\_\_\_  AHCCS ) Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies:  Seasonal  Medication allergies \_\_\_\_\_  Bee  Insect  Food \_\_\_\_\_  Other \_\_\_\_\_

Requires EpiPen

**Emergency Care:** In case of serious illness or injury and a parent/guardian cannot be reached, I consent for my child to be taken to a hospital, by ambulance if necessary, for medical care. TUSD will not be responsible for any costs of such not covered by insurance.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

### 6. Special Classes and Accommodation

Please check below any special classes or programs the student has participated in:

English Language Development

Gifted/Accelerated Program

504 Plan - Please provide a copy

Special Education

Resource  Self-Contained  Speech Therapy  Occupational/Physical Therapy  Other \_\_\_\_\_

Student has a current IEP - Please provide a copy

### 7. Transportation

How will your child leave school? Day Care pick-up arrangements must be made by parents.

Walk (circle one): alone or accompanied

Pick-up

Other: explain \_\_\_\_\_

Students must meet eligibility guidelines as listed in Board Policy EEA (please see the TUSD website).

Parents of students who live outside of TUSD district boundaries are responsible for transportation.

Eligible students who need an alternate address must fill out an Alternate Address Form. Approval is contingent on existing bus routes.

**If eligible**, will this student ride the bus?

Yes  No

May your child use the internet in class?  Yes  No

May we use your child's photograph/video in promotional material?  Yes  No

**By signing this form you indicate the desire for your child to participate in the 21<sup>st</sup> CCLC Program. You also indicate that you understand that this is an academic and enrichment program, not "child care." Please discuss with your child that violations of program rules may result in withdrawal from the program.**

**I understand that space in the program is limited and my child MUST attend the program regularly. If my child has unexcused absences, she/he may not be allowed to continue in the program.**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Student