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| |  | | --- | | **CHURCHLAND MIDDLE SCHOOL** | | **21st CENTURY PROGRAM REGISTRATION FORM 2020** |  |  | | --- | | **\*\*\* ALREADY REGISTERED AT A SITE? COMPLETE GRAY - PLEASE PRINT \*\*\*** | | |  | | --- | | **OFFICE USE ONLY** | | Site #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Entered in Computer \_\_\_\_/\_\_\_\_/\_\_\_\_ Data Staff Initials \_\_\_\_\_\_ | |

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| **\*\*\* New REGISTRANTS AREA - PLEASE COMPLETE FOR ALL PARTICIPANTS IN THE HOUSEHOLD - PLEASE PRINT \*\*\*** |

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| **Last Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle** \_\_\_\_\_ **Student ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_/\_\_/\_\_ | **Gender** (check 1) [ ] F [ ] M  **Lunch Status** (check 1) [ ] Free [ ] Full [ ] Reduced [ ] Unknown | **Ethnicity** (check 1) [ ] American Indian/Alaskan Native [ ] Asian [ ] Black (not of Hispanic origin) [ ] Hispanic [ ] Native Hawaiian or Other Pacific Islander [ ] Other/Unknown [ ] Two or More Races [ ] White (Not of Hispanic origin) [ ] Other | **Primary Language** (check 1) [ ] English [ ] Other [ ] Spanish [ ] Other \_ | **Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code** \_\_\_\_\_\_\_\_\_\_\_ **Phone** \_\_\_\_\_\_\_\_\_\_\_ **E-mail** \_\_\_\_\_\_\_\_\_\_\_  **School** \_\_\_\_ **Grade** \_\_\_\_ | **Lives With** (check 1) [ ] Both parents [ ] Foster Care [ ] Grandparent(s) [ ] Guardian [ ] Joint Custody [ ] Other [ ] Single parent  father [ ] Single parent  mother [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Transportation Home** (check 1) [ ] City Bus [ ] CLC Bus [ ] Other/Unknown [ ] Picked up [ ] Walk Home  If Site Bus: Bus Route \_\_\_\_\_\_\_\_ Closest Corner Stop | **Special Needs** (allergies, medications, diet, etc.) |
| **Last Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle** \_\_\_\_\_ **Student ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_/\_\_/\_\_ | **Gender** (check 1) [ ] F [ ] M  **Lunch Status** (check 1) [ ] Free [ ] Full [ ] Reduced [ ] Unknown | **Ethnicity** (check 1) [ ] American Indian/Alaskan Native [ ] Asian [ ] Black (not of Hispanic origin) [ ] Hispanic [ ] Native Hawaiian or Other Pacific Islander [ ] Other/Unknown [ ] Two or More Races [ ] White (Not of Hispanic origin) [ ] Other | **Primary Language** (check 1) [ ] English [ ] Other [ ] Spanish [ ] Other | **Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code** \_\_\_\_\_\_\_\_\_\_\_ **Phone** \_\_\_\_\_\_\_\_\_\_\_ **E-mail** \_\_\_\_\_\_\_\_\_\_\_  **School\_\_\_\_\_\_\_\_\_**  **Grade**\_\_\_\_\_\_\_\_\_\_ | **Lives With** (check 1) [ ] Both parents [ ] Foster Care [ ] Grandparent(s) [ ] Guardian [ ] Joint Custody [ ] Other [ ] Single parent  father [ ] Single parent  mother [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Transportation Home** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Site Bus: Bus Route \_\_\_\_\_\_\_\_ Closest Corner Stop | **Special Needs** (allergies, medications, diet, etc.) |

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| |  | | --- | | **CHURCHLAND MIDDLE SCHOOL** | | **21st CENTURY PROGRAM REGISTRATION FORM** |  | | |  | | --- | | **OFFICE USE ONLY** | | Site #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Entered in Computer \_\_\_\_/\_\_\_\_/\_\_\_\_ Data Staff Initials \_\_\_\_\_\_ | |

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| **HOUSEHOLD INFORMATION PAGE --- Fill out only ONE per family ---** |

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| Parent/Guardian Last Name | First Name | Home Phone | Work Phone | Relationship |
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| **ADDITIONAL CONTACTS:**List additional contacts for the child(ren) and use the check boxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the  person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIAN(S) WILL be able to pick up the student(s).* |

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| Last Name | First Name | Address | Home Phone | Work Phone | Relationship | Pick Up? | Emergency Contact | Live |
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| [ ] Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions. |

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| Last Name | First Name |  | Last Name | First Name |
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| **Parent/Guardian Permission For CLC** | **\* PLEASE READ CAREFULLY \*** |

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| ***Must be signed by Parent/Guardian for participants 18 and under*** |
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| I hereby certify that I have read and do understand the above information:  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |