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| **CHURCHLAND MIDDLE SCHOOL** |
| **21st CENTURY PROGRAM REGISTRATION FORM 2020** |

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| **\*\*\* ALREADY REGISTERED AT A SITE? COMPLETE GRAY - PLEASE PRINT \*\*\*** |

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| **OFFICE USE ONLY** |
| Site #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bus #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Entered in Computer \_\_\_\_/\_\_\_\_/\_\_\_\_Data Staff Initials \_\_\_\_\_\_ |

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| [ ] I am registered THIS YEAR at another Site. Please check which Sites.[ ] My contact information has changed in the past year. I have completed information below.

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| Last Name | First Name | MI | Date of Birth |
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| [ ] Brighton Elementary School[XX ] Churchland Middle School | [ ] Douglass Park Elementary School[ ] Westhaven Elementary School |  |

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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 HomeIf 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** |   |

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| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |