

WATCH
Wildcats Are Taken Care of Here

Student First Name: _____ **Middle:** _____ **Last** _____

Gender: Male ___ Female ___ **Age** ___ **DOB (mmddyy)** _____ **Ethnicity** _____

Address: _____ **City** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Father's Name: _____ **Occupation (Optional)** _____

Father's work Phone: _____ **Employer (Optional)** _____

Mother's Name: _____ **Occupation (Optional)** _____

Mother's work Phone: _____ **Employer (Optional)** _____

Guardian's Name: _____ **Occupation (Optional)** _____

Guardian's work Phone: _____ **Employer (Optional)** _____

Member lives with: Mother ___ Father ___ Grandparent ___ Other _____

Number in household: _____

Local emergency contact OTHER than parent:

Name _____ **Phone:** _____

Relationship to student _____

School Information:

School: _____ **Grade:** _____ **Teacher:** _____

Persons authorized to pick up Student:

Name _____ **Relationship to student** _____ **Phone:** _____

Name _____ **Relationship to student** _____ **Phone:** _____

Name _____ **Relationship to student** _____ **Phone:** _____

I, the undersigned (as a parent or guardian of the participant, a minor), hereby give permission for mutual exchange of information between the 21st Century AfterSchool Program and the school regarding health and safety issues, food program status, immunization records and academic achievement.

Signature: _____

Acknowledgment and Consent: For Internal and external use, I acknowledge that the 21st Century AfterSchool Program and/or its sponsors may utilize film, print, and digital images of a student or a family, which may be taken during involvement in the 21st Century AfterSchool Program activities. I consent to such uses & hereby waive all rights to compensation. Initial _____

Transportation: I hereby give my child permission to travel on the 21st Century AfterSchool Program bus for trips. I understand that if my child is not at the designated pickup site, the 21st Century AfterSchool Program not be responsible for my child. Initial _____

Medical Information:

Doctor Name: _____ **Phone:** _____

Serious Health Problems: No ___ Yes ___ If Yes, explain _____

Medications: No ___ Yes ___ If Yes, explain _____

I, the undersigned (as a parent or guardian of the participant, a minor), hereby authorize the staff of the 21st Century AfterSchool Program volunteers, coaches, trainers, supervisors, instructors and drivers as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or by licensed medical personnel. Staff will NOT medicate children. Parents/guardians are ENTIRELY responsible for medications and for personally arranging for or insuring the proper and timely medicating of their child.

Signature: _____