



**Kean University Learning Adventures (KULA)
21st Century Community Learning Center (CCLC)**



AFTERSCHOOL PROGRAM REGISTRATION FORM 2013-2014

PLEASE PRINT CLEARLY

STUDENT INFORMATION

Student Last Name: _____ First Name: _____ Middle Initial: _____
Date of Birth (Month/Day/Year): ____/____/____ Age: _____ Gender: [] Male [] Female
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ School: _____ Grade: _____
Race: [] Asian [] Black [] Hispanic or Latino [] Native American [] Pacific Islander [] White
[] Other: _____
Primary Language: [] English [] Spanish [] Other: _____
Lunch Program Eligibility: [] Free [] Reduced [] None
Education Program: [] Special Education [] Limited English Proficiency [] Gifted & Talented [] None
If applicable, identify Special Needs or Disability: _____

PARENT/GUARDIAN INFORMATION

1. Parent/Guardian Last Name: _____ First Name: _____
Lives with child? [] Yes [] No Address same as child? [] Yes [] No
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Email Address: _____
Employer Name: _____ Work Phone: _____ ext. _____
Relationship to Student: _____ Authorized to pick up student? [] Yes [] No
2. Parent/Guardian Last Name: _____ First Name: _____
Lives with child? [] Yes [] No Address same as child? [] Yes [] No
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Email Address: _____
Employer Name: _____ Work Phone: _____ ext. _____
Relationship to Student: _____ Authorized to pick up student? [] Yes [] No

EMERGENCY CONTACTS (other than Parent(s)/Guardian(s) listed above)

*In the event the parents/guardians cannot be reached, the program staff will call the people listed below who can:
1) give permission to administer health care; 2) pick up your child; or 3) give advice about caring for your child.*

Name: _____
Address: _____
Home phone: _____
Work phone: _____ ext. _____
Cell phone: _____
Relationship to student: _____
Authorized to pick up student? [] Yes [] No

Name: _____
Address: _____
Home phone: _____
Work phone: _____ ext. _____
Cell phone: _____
Relationship to student: _____
Authorized to pick up student? [] Yes [] No

STUDENT PICK UP (other than Emergency contacts listed in application)

Please list people who you authorize to pick up your child from the KULA 21st CCLC afterschool program.

Name: _____	Name: _____
Address: _____	Address: _____
Home phone: _____	Home phone: _____
Work phone: _____	Work phone: _____
Cell phone: _____	Cell phone: _____
Relationship to student: _____	Relationship to student: _____

STUDENT TRANSPORTATION HOME

Please indicate how your child will go home from the KULA 21st CCLC afterschool program.

Check one: My child will be picked up by a parent/guardian or authorized individual
 My child has permission to sign themselves out and walk home

STUDENT ACADEMIC RECORDS STATEMENT

The KULA 21st CCLC Afterschool Program has permission to access school records and exchange information with teachers and contracting agencies in order to better serve my child and to ensure continued funding of the program.

Yes No Initial: _____

CONSENT TO PUBLICITY – PHOTO/VIDEO/WEBSITE/MEDIA RELEASE

Please check one:

I authorize the KULA 21st CCLC Afterschool Program to submit my child’s name, photograph or program work for publicity in local newspapers, reports, visual presentations, newsletters, videos, or program-related websites.
 I do NOT authorize the KULA 21st CCLC Afterschool Program to submit my child’s name, photograph or program work for publicity in local newspapers, reports, visual presentations, newsletters, videos, or program-related websites.

STUDENT HEALTH INFORMATION

Physician: _____ Phone: _____ Insurance Provider: _____
Medication(s) being take by student: _____
Physical conditions (allergies, diabetes, etc.): _____

If I, my child’s emergency contacts, or the physician listed in this application, cannot be reached in an emergency, I authorize KULA 21st CCLC Afterschool Program employees or legal representatives to obtain emergency medical care for my child while under the KULA 21st CCLC Afterschool Program’s care including transporting or sending my child to an available hospital or physician.

Signature of Parent/Guardian: _____ Date: _____
Parent/Guardian Name (Print): _____

OFFICE USE ONLY:

Student State ID _____ Program Intake Date ____ / ____ / ____ Program Exit Date ____ / ____ / ____
Project Director Signature: _____ Date: _____