



**Meriwether County School District 21<sup>st</sup> Century Community Learning Centers  
Summer Academic/Enrichment Program**

Circle the location: (Unity Elementary, Mountainview Elementary, Greenville Middle or Manchester Middle)  
Participant Registration Session Form  
FY2024 Summer

**OFFICE USE ONLY**

Site # \_\_\_\_\_  
Date received \_\_\_\_\_  
Bus# \_\_\_\_\_  
Date Entered in Computer \_\_\_\_\_  
Data Staff Initials \_\_\_\_\_

**Student's Name:** \_\_\_\_\_  
Last First Middle

**Gender:** Female  Male  **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_

**Ethnicity:**  American Indian/Alaskan Native  Asian  Other: \_\_\_\_\_  
 Black (not of Hispanic origin)  White (not of Hispanic origin)  
 Native Hawaiian or Other Pacific Islander  Hispanic  
**Primary Language:**  English  Other  Spanish  Other: \_\_\_\_\_

**Address:** \_\_\_\_\_ **GA** \_\_\_\_\_ **Lunch Status:**  Free/Reduced  Full Pay  
 Street City State ZIP  
**Cell/Home Phone:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_ **Student lives with parents/mother/father/other**

**Special Needs: (allergies, medications, diet, restricted pick-up, etc.)**

**Transportation From 21<sup>st</sup> CCLC Program (Please select transportation need for morning and afternoon):**

Parent Drop off at school AM \_\_\_\_\_ Parent Pick-up after school PM \_\_\_\_\_ Bus Drop Location \_\_\_\_\_ for parent pickup

	Home Phone	Work Phone	Cell Phone	Relationship
<b>Parent/Guardian</b>				
<b>Emergency Contact/Pick Up</b>				

Accept	Decline	
<input type="checkbox"/>	<input type="checkbox"/>	I agree to participate in the 21 <sup>st</sup> Century Community Learning Center (CCLC) programs and activities and I hereby give permission for the participant(s) listed to take part in the School District 21 <sup>st</sup> CCLC activities, which may include off-site events, academic assistance, continuing education, and recreational programs.
<input type="checkbox"/>	<input type="checkbox"/>	I agree that if a health condition exists now or in the future, which would impact the participation of those listed, I will notify the 21 <sup>st</sup> Century Community Learning Center Site Coordinator.
<input type="checkbox"/>	<input type="checkbox"/>	I hereby give my consent to the School District's 21 <sup>st</sup> CCLC programs to take the participant's photograph during program activities, to be used for education and public relations purposes in conjunction with the School District's 21 <sup>st</sup> CCLC.
<input type="checkbox"/>	<input type="checkbox"/>	I give permission for my child's artwork, poetry, or other work produced in conjunction with the School District's 21 <sup>st</sup> CCLC programs to be used for educational and public relations purposes.

**Please initial each box below to verify understanding.**

I understand that the Program will maintain records on my child's academic, disciplinary, guidance, permanent and/or cumulative records (i.e., grades or attendance records) and/or qualification for free/reduced lunch. I also understand that information reported using these confidential records will not include personal identifiable information such as my child's address, phone number, or social security number.

I understand that the program will use surveys, interview, and student records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

I understand that the Meriwether County School District is exempt from state day care licensure requirements because they are a public school district in the State of Georgia.

If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.

\_\_\_\_\_ Insurance Carrier \_\_\_\_\_ Insurance Number

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_