



21st Century Community Learning Center Afterschool Program Student Information Form

Student Name: _____
(Last) (First)

School: _____ Grade: _____

Parents / Legal Guardian(s): It is crucial that the following information be completed in its entirety and turned back in to 21st CCLC staff before the start of the program. This information will be **confidential** and used to identify individuals whom you have chosen to pick up your child daily or in the case of an emergency.

(Please check one)

Student is authorized to walk home from school after the end of the program

Student will be picked up from school after the end of the program.

Please list any siblings also enrolled in our program:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Emergency Contacts/Those That Are Able to Pick Up Child

Please list up to 4 or more emergency contacts that are authorized to also pick-up your son/daughter along with their contact information and relationship to your child.

Print Name: _____ Relationship: _____ Home
Phone: _____ Work Phone: _____ Cell Phone: _____

Print Name: _____ Relationship: _____ Home
Phone: _____ Work Phone: _____ Cell Phone: _____

Print Name: _____ Relationship: _____ Home
Phone: _____ Work Phone: _____ Cell Phone: _____

Print Name: _____ Relationship: _____ Home
Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Information

Allergies: _____

Medical conditions and/or other medical information:

Doctor's Name: _____ Dr.'s phone #: _____

By signing below you are verifying that the names listed under emergency contacts are approved by you to pick-up your child from our program and that the information above is complete and correct.

Please print guardian name: _____ Date: _____

Guardian Signature: _____ Date: _____

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