

**Union County Schools
21st Century Community Learning Center
After School Program
Registration Form 2011-2012**



Student's Name _____ Grade _____

Homeroom/Teacher _____ Date of Birth _____

Street Address _____ Home Phone _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Parent/Guardian Name _____ Daytime Phone _____

Cell Phone _____

Parent/Guardian Name _____ Daytime Phone _____

Cell Phone _____

Student Lives With: _____

In Case of Emergency Call:

Name _____ Relationship: _____ Phone _____

Name _____ Relationship: _____ Phone _____

Name _____ Relationship: _____ Phone _____

Physician _____ Phone _____

The 21st Century Program will begin August 22, 2011. The program will not be in session when school is out (holidays/inclement weather). If you have questions concerning the program, please contact Sheila Collins, Director, at 706-745-2483.

PROGRAM POLICIES

Parents/Guardians, please initial beside each policy.

_____ I understand that the expectations for good behavior in the afterschool program is the same as during the regular school day. **All regular school day rules apply, including dress and behavior rules. Students who refuse to follow these procedures will not be allowed to continue in the program.** Parents/Guardians will be contacted if a child misbehaves. Chronic misbehavior may result in dismissal from the program.

_____ I understand that transportation from the school will be provided for my child. Misbehavior on the bus can result in suspension from the bus, as well as from the after-school program. **In the event that I choose to transport my child, I understand that I must pick him/her up NO LATER than 6:00 PM from your child's school. If I have not picked up my child at the designated time, the Sheriff's office will be contacted. If a child is chronically not picked up on time, the child may be dismissed from the program. If the parent is consistently late for pick up from the bus stops, the child will not be allowed to ride the bus.**

CONTINUED ON BACK

SPECIAL INSTRUCTIONS: (allergies, diet, medical conditions, extraordinary circumstances)

TRANSPORTATION: Please check the applicable space/s below.

_____ My child will ride the UCS bus each day to the designated pick up areas.

_____ I will pick up my child each day from the school.

_____ The following people may pick up my child (other than parent). I.D. will be furnished upon request.

The following person/s may NOT pick up my child:

In the event of an emergency, I authorize the staff to seek immediate medical attention for my child.

_____ Insurance Carrier

_____ Insurance Number

_____ Parent/Guardian Name (PRINT)

_____ Parent/Guardian Signature

_____ Date

_____ Parent/Guardian Name (PRINT)

_____ Parent/Guardian Signature

For Office Use Only:

Fee: _____

Start Date: _____

Bus/Stop: _____