



**Jackson Independent School District**  
**21<sup>st</sup> Century Community Learning Center- Participant Registration Form**  
**Parent/Guardian Information**

Last Name	First Name	Home Phone	Work Phone	Relationship

**Additional Contacts for Children:**

List additional contacts for your children. Use the check boxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve an emergency contact. Checking the "Lives With" box indicates that the person listed is a member of the same household. If no adults are listed below and no boxes are checked, ONLY THE PARENTS/GUARDIANS WILL BE ALLOWED TO PICK UP THE STUDENT(S).

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick-Up	Emergency Contact?	Lives With?

**Persons Not Allowed to Pick Up Children**

Name (Last Name, First Name)	Are legal restrictions in effect? Yes or no

**Parent/Guardian Permission for Community Learning Center – Please read carefully.**

Must be signed by Parent/Guardian for student participants 18 and under. If you have any questions, please contact your 21<sup>st</sup> CCLC Director prior to completing.

*I hereby give permission for the participant(s) listed on the reverse side to take part in the 21<sup>st</sup> Century Community Learning Centers (CCLC) activities, which may include off-site events, academic assistance, continuing education, and recreational programs. 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. I agree that if a health condition exists now or in the future which would impact the participation of those listed as students, I will notify the 21<sup>st</sup> Century Community Learning Center staff.*

*I give my consent to the school district and the 21<sup>st</sup> Century Community Learning Center (CCLC) program to take the participant's photograph during program activities to be used for education and public relations purposes. I further give my consent to the school district and the 21<sup>st</sup> Century Community Learning Center (CCLC) to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that the 21<sup>st</sup> CCLC will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement. The student data will also be used to fulfill the State and Federal annual progress reporting requirements to obtain continued funding for the program.*

**I hereby certify that I have read and do understand the above information:**

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Information**  
**Please fill out both sheets.**

Last Name: _____ First Name: _____ Middle Name: _____ Address: _____ City State Zip: _____ Phone: _____ Work Phone: _____ Date of Birth: _____ Grade: _____	<b>Ethnicity (check one)</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black (Non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other/Unknown <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other _____	<b>Lunch Status</b> <input type="checkbox"/> Free <input type="checkbox"/> Full <input type="checkbox"/> Reduced <input type="checkbox"/> Unknown  <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Lives with</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Single Parent Father <input type="checkbox"/> Single Parent Mother <input type="checkbox"/> Other _____	<b>Transportation</b> <input type="checkbox"/> CCLC Bus <input type="checkbox"/> Picked Up <input type="checkbox"/> Walk Home <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
Last Name: _____ First Name: _____ Middle Name: _____ Address: _____ City State Zip: _____ Phone: _____ Work Phone: _____ Date of Birth: _____ Grade: _____	<b>Ethnicity (check one)</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black (Non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other/Unknown <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other _____	<b>Lunch Status</b> <input type="checkbox"/> Free <input type="checkbox"/> Full <input type="checkbox"/> Reduced <input type="checkbox"/> Unknown  <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Lives with</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Single Parent Father <input type="checkbox"/> Single Parent Mother <input type="checkbox"/> Other _____	<b>Transportation</b> <input type="checkbox"/> CCLC Bus <input type="checkbox"/> Picked Up <input type="checkbox"/> Walk Home <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
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