



## PROGRAM ENROLLMENT APPLICATION

STUDENT INFORMATION			
Name (Last, First, Middle Initial)	Date of Birth	Age	School ID No.
Address			
City	State	Zip Code	
Phone Number (Home)	Phone Number (Cell)	Gender Male _____ Female _____	
<b>Race/Ethnic Background</b> (Circle All That Apply)		<b>Primary Language</b>	
African- American (Black)	Asian	English <input type="checkbox"/> Arabic <input type="checkbox"/> Spanish <input type="checkbox"/> Portuguese <input type="checkbox"/>	
Hispanic (Latino)	Native American	Creole <input type="checkbox"/> Bengali <input type="checkbox"/>	
Other (Please Specify) _____		Other (Specify) _____	
EDUCATION INFORMATION			
Name of Elementary School	City, State	Current Grade Level or Last Grade Completed	
Name of High School	City, State	Current Grade Level or Last Grade Completed	Diploma or GED?
<b>Special Needs:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unspecified			
<b>Limited English Proficiency:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unspecified			
<b>Free/Reduced Lunch:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unspecified			
Please list any special needs that the program may need to be aware of _____			

Under Title IV, Part B of the Elementary and Secondary Education Act, as amended by the No Child Left Behind Act of 2001, effective FY 2003, the 21st Century Community Learning Centers (21st CCLC) programs are defined as centers that offer academic, artistic, and cultural enrichment opportunities to students and their families when school is not in session. The primary goal of the 21st CCLC Program is to supplement the education of children who attend low-performing schools and live in high-poverty areas with academic, artistic and cultural enrichment during out-of-school time hours, so that they may attain the skills necessary to meet state core curriculum content standards. In addition, the centers must offer literacy and other educational services to the families of the participating students.

**PARENT/GUARDIAN INFORMATION**  
(for Participants under the age of 18)

Parent/Guardian's Name		Relationship to Student
Address		City, State, Zip Code
Home Number	Cell Number	Email Address

**PARENT/GUARDIAN INFORMATION (CONT.)**

Parent/Guardian's Name		Relationship to Student
Address		City, State, Zip Code
Home Number	Cell Number	Email Address

**EMERGENCY CONTACT INFORMATION**  
( if different from Parent/Guardian Information listed)

Name of Primary Contact		Relationship to Student
Address		City, State, Zip Code
Home Number	Cell Number	<b>Can child be picked up from school by this person?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Secondary Contact		Relationship to Student
Address		City, State, Zip Code
Home Number	Cell Number	<b>Can child be picked up from school by this person?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**RELEASE OF CHILD AND INFORMATION**  
(For Community Schools Program ONLY)

I give my child permission to walk home alone at dismissal.                       Yes     No

**\*\*\*DO NOT RELEASE MY CHILD TO THE FOLLOWING INDIVIDUALS \*\*\***

Name	Relationship to Child
Name	Relationship to Child

Is there a restraining order involving your child?  Yes (If yes, please speak with the Program Coordinator)  No                       Unspecified

If there is an IEP for the child or 504 accommodations plan?  Yes (If yes, please speak with the Program Coordinator)  No                       Unspecified

I allow the school to release to the FSCS Extended Day Program, information about my child's school performance, including, but not limited to, IEP's, grades and test results.     Yes     No

I certify that the information provided in this document is true and accurate. I will inform program staff of any changes as they occur.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date