



Jefferson County School District  
21<sup>st</sup> Century Community Learning Center  
After School Academic Enrichment  
Enrollment Application

Office use only:  
Submitted  
Date:  
Time:

**Participant Information**

Child's Name: (last, first, MI) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Current School: \_\_\_\_\_  
Child's Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Parent/Guardian Information**

Legal Custody of:  Both Parents  Mother  Father  Foster  Grandparents  Other  
Parent/Guardian Name(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

**Emergency Contacts**

Emergency Contact 1: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
May pick up from after school program:  Yes  No  
Emergency Contact 2: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
May pick up from after school program:  Yes  No

The Following people are NOT AUTHORIZED to pick up my child:

\_\_\_\_\_  
\_\_\_\_\_

## Transportation

- I will pick my child up from program.
- My child will walk home alone from the program.
- My child may be released to the following persons:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

---

## Emergency Medical Information

I give permission for Jefferson County School District 509j, to act on my behalf to take measures he or she deems necessary in the event of sickness or injury. I agree to pay for any medical expenses for my child whose name appears above.  Yes  No

Any Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

---

## Permissions

Please indicate below whether you give permission for the following things:

There may be short field trips during the after school programs. These may be walking field trips or bus trips. Your signature below will give your permission for your child to participate in field trips.

Yes  No

We will be taking photos during after school program hours and some of the photos will be used in brochures, posters, special reports, facebook, and the 509-J School District website. Your signature will give permission to the district to use a photo of your child.

Yes  No

The program may survey your child occasionally in order to improve the program (*Note: Any survey that is part of a research study or for any purpose other than program improvement will have a separate permission process. This is just for program improvement information.*)

Yes  No

---

By signing below I fully understand that attendance in this program is required 30 days per year in order to hold my child's spot.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_