



RSG 21<sup>st</sup> CCLC – Gettysburg Afterschool Program Enrollment – School Year 2017 – 2018

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_
Grade: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Demographics: (this information is used only for reporting purposes)

Table with 2 columns and 4 rows for demographic information: gender, eligibility for lunch, learning support services, and race/ethnicity.

The Program is Monday – Friday from school's dismissal until 5:30 pm

Please, check the days your child will attend the program:

Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Agreement

- 6 numbered points of agreement regarding safety, medical care, behavior, data collection, photography, and program cancellation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the emergency contact information form.



EMERGENCY CONTACT INFORMATION

Child's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell \_\_\_\_\_ email: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell \_\_\_\_\_ email: \_\_\_\_\_

Please list two persons that we may contact and that have permission to pick up your child in case of an emergency. These contacts should be available during program hours.

- 1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone: \_\_\_\_\_

Please list any known allergies or medical conditions/concerns:

Please list any disabilities or special needs:

Transportation:

\_\_\_\_\_ My child is permitted to walk home at 5:30 pm from the program.

Please pick up your child at 5:30 pm. (Monday – Friday) You will need to sign your child out with RSG staff, and may need to provide I.D.

\* Please send a signed, dated note to RSG staff if you need to make different transportation arrangements for your child.

Any other information that the RSG program coordinator should know:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_