
Summit 21st Century Community Learning Center Out of School Time K-12th Grade Application

The following forms must be read and signed by you, the Parent, and returned to the Director of the OST Program.



Thank you!

**Summit 21st Center Community Learning Out of School Time
K-12th Grade ENROLLMENT FORM**

1. STUDENT INFORMATION

Last Name	First Name	Birth Date	Gender	Teacher	Grade
			M F		
			M F		
			M F		
			M F		

Name: _____ Mother Father Guardian
First Name Middle Initial Last Name

Address: _____ Home Phone _____ Cell Phone _____

City: _____ State/Zip _____

Employer: _____ Work Phone: _____

Email Address: _____

Name: _____ Mother Father Guardian
First Name Middle Initial Last Name

Address: _____ Home Phone _____ Cell Phone _____

City: _____ State/Zip _____

Employer: _____ Work Phone: _____

Email Address: _____

Emergency Contact—Required** List two other contacts**

Name: _____
First Last

Home Phone _____ Cell Phone _____

Name: _____
First Last

Home Phone _____ Cell Phone _____

I am the parent/guardian named above do hereby give consent to his/her participation in the Summit 21st CCLC OST Program and do further waive any claim for liability or damages against the Summit 21st Community Learning Center/Summit School District, or any of their employees, or any persons assisting in said activity for any damage or injury which may be sustained by my child during such activity.

In consideration of the participation of the above named minor, in programs and activities sponsored, coordinated, and/or conducted by Summit 21st CCLC OST Program undersigned parent or guardian represents, agrees and releases as follows:

1. I am the natural parent or guardian of the minor named above whom would be participating in an event or activity sponsored in whole or part by Summit 21st CCLC OST Program.
2. The minor participating in the activity does so at my request and with my/our approval and express permission.
3. I understand that any such activity gives rise to certain risks of personal injury and/or damage, and that such risks are an inherent part of this participation, and cannot be totally avoided.

I waive any claim and release from liability, the officer, directors, employees, or agents of Summit 21st Community Learning Center/Summit School District for any loss or damage that may arise during my child's participation in activities or events sponsored or conducted by Summit 21st CCLC OST Program.

I agree to indemnify and hold harmless Summit 21st Community Learning Center/Summit School District from any claims or liabilities that may be brought against Summit 21st Community Learning Center/Summit School District because of the actions of my child while participating in the activity or event causing injury or damage.

Summit 21st CCLC OST Program will be conducting periodic field trips during the school year. I give my permission for my above names children to participate in these events. Specific information as to time of departure and return will be provided prior to the scheduled event and I will be notified of any change in the schedule.

Parent/Guardian Signature: _____

Date: _____

STUDENT PARTICIPATION

2. DAILY PARTICIPATION

Please circle the days that your child(ren) will typically attend the program. We are a drop in program so your child may attend even on days that are not circled.

Monday Tuesday Wednesday Thursday

3. DEPARTURE

How will your child(ren) typically depart the program daily (Please check all that may apply):

Get a ride by guardian or person indicate below _____

If your child(ren) will be picked up daily, please list the name, relationship, and phone number of any other individual who has your permission to pick up your child(ren).

Name(first/last)	Relationship	Phone#

Walk/Ride bike home at time indicated below _____

*If your child(ren) will walk/ride home on their own, please indicate a specific time when they are to sign themselves out of the program and go home. **OST Program staff will not be responsible for the child after they sign out each day.** Time _____*

****Bus Route:** OST Program will offer bus transportation at the end of each OST day to regular school bus riders and after scheduled field trips.

4. PHOTO/VIDEO

Occasionally OST Program staff may take photographs or video of individuals or groups (i.e. play performance, working on projects, accomplishments, etc.). These photographs are used in parent newsletters, bulletin boards, and otherwise for promoting the Summer Enrichment Program.

_____ Yes, my child(ren) has permission to participate in photos/videos.

_____ No, my child(ren) may not be photographed or videotaped.

5. CONSENT TO SHARE INFORMATION

The use of this form permits organizations and cooperating agencies to share confidential information and work together in providing services for students. The information exchanged will be used to provide educational services, in the best interests of the student. I understand that student's personal records are protected by various federal and state laws and cannot be disclosed without this written consent, unless otherwise authorized. *I authorize the Summit School District to release, disclose, and exchange information to the Summit 21st Century Learning Center Out of School Time Program.*

Signature of parent/guardian _____ **Date** _____
Agency Name: Summit 21st Century Learning Center

6. MEDICAL INFORMATION/RELEASE

Physician Name _____ Phone _____

Dentist Name _____ Phone _____

Do your student(s) have any medical concerns (medications, allergies, food restrictions, medical conditions)? If yes, please list here: _____

If medicine is to be administered during OST Program, please see the Site Director for information.

In case of emergency, every effort will be made to contact the parents. If parents are unavailable, I agree as follows:

I authorize Summit 21st CCLC OST Program and Summit School District, its agents and employees to obtain and consent to any medical treatment which, in the discretion of Summit School District, may appear to be reasonably necessary or which may arise during the course of my child's participation in the program activity or event.

I agree to be responsible for all costs and expenses that may arise out of medical treatment obtained on my behalf, or on behalf of my child and as authorized by this consent.

Name/age of Child(ren) _____

Parent/Guardian signature _____ **Date** _____

7. GENERAL POLICY STATEMENT

I/We _____ have read and understand the policies regarding the Summit 21st Century Community Learning handbook, attendance and health related issues and agree to abide by them.

I agree to indemnify and hold harmless Summit 21st CCLC/Summit School District from any claims or liabilities that may be brought against Summit 21st CCLC/Summit School District because of any actions of my child while participating in the activity or event causing injury or damage.

Parent/Guardian signature _____ **Date** _____

(OST is a FREE program. There will be no charge to attend.)
PLEASE DOUBLE CHECK THAT YOU HAVE SIGNED ALL PARENT/GUARDIAN SIGNATURES