

21st Century Schools Participant Registration Form

PLEASE PRINT



Parent/Guardian #1 Last Name <input type="text"/>	First Name <input type="text"/>	Relationship <input type="text"/>
Home Phone <input type="text"/>	Work Phone <input type="text"/>	Cell/Other Phone <input type="text"/>

Parent/Guardian #2 Last Name <input type="text"/>	First Name <input type="text"/>	Relationship <input type="text"/>
Home Phone <input type="text"/>	Work Phone <input type="text"/>	Cell/Other Phone <input type="text"/>

In the event of an emergency, the parents/guardians will be contacted first. List 2 other adults to be contacted if the parents/guardians cannot be reached.

Emergency Contact #1 (Name, Phone) <input type="text"/>	Emergency Contact #2 (Name, Phone) <input type="text"/>
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Adults Authorized to Pick-up Student: All the adults authorized to pick up must be over the age of 18. If you wish to have someone under the age of 18 pick up your student, you must provide separate written authorization to be kept on file.

- All the adults listed above are authorized to pick up my child.
- All the adults listed above with the exception of _____ (Name) are authorized to pick up my child.

To list additional adults authorized to pick up your child, please use the lines below.

	Last Name	First Name	Phone	Relationship
1.	_____			
2.	_____			
3.	_____			

I hereby wish to register my child in the 21st Century Schools program and indicate the above to be complete and accurate.

_____ Signature of Parent/Guardian	_____ Date
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