



United Way of Bucks County

# Bristol Borough 21st Century Community Learning Center Registration Form



Participant's Name		Male/Female	Date of Birth	Race/Ethnicity
Address			Home Telephone Number	
Number of People in Household <i>Adults:</i> _____ <i>Children:</i> _____		Annual Household Income	Is Child Eligible for Free or Reduced Lunch? ____ YES _____ NO	
Employer:		Employer Telephone Number:	Employer Address:	
Name of School Participant Attends		Current Grade:	Math Teacher:	Reading/English Teacher:
Social Studies Teacher:			Science Teacher:	
Mother's Name/Legal Guardian			Home Telephone Number	
Address			Cell Phone Number	
Name of Employer			Work Telephone Number	
Father's Name/Legal Guardian			Home Telephone Number	
Address			Cell Phone Number	
Name of Employer			Work Telephone Number	
Emergency Contact Person(s)			Telephone Number(s)	
			Telephone Number(s)	
			Telephone Number(s)	
Person(s) to Whom Child May be Released			Telephone Number(s)	
			Telephone Number(s)	
Name of Child's Physician/Medical Care Provider			Telephone Number(s)	
Address				
Disabilities/Conditions/Illnesses (if any):			Allergies (including medicines)	
Medical or Dietary Info. Necessary in an Emergency Situation			Additional Medical Info. or Needs	
Name of Health Insurance Coverage for Participant			Policy Number (Required)	

I give permission for the child named on this form to participate in the activities offered as part of the Bristol Borough 21st Century Community Learning Center. By signing this form, I am granting the Bristol Borough 21st CCLC permission to: obtain **emergency medical care**, administer **minor first aid** procedures, take this child to **off site activities within Bristol Borough** (walking), **take and use photos** that may include this child, **access the child's school records** (grades/attendance/etc.), and allow the child to **walk home from the 21st CCLC** at 1801 Wilson Ave., Bristol, PA 19007 following programs. If I do not consent to any of these terms, I will contact the Program Director prior to the child attending any programs at the 21st CCLC.

I understand that any activity may expose my child to unanticipated risks and I release the United Way of Bucks County, the 21<sup>st</sup> CCLC board, its officers, agents, and employees from any and all claims arising from any injury or damage resulting from participation in the activities, planned or unplanned.

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

\_\_\_\_\_  
Date