

Innovations Charter

CLC YOUTH Participant Registration Form -- 2010-2011 School Year

OFFICE USE ONLY

Site # _____
 Bus # _____
 Date Entered in Computer ____/____/____
 Data Staff Initials _____

***** ALREADY REGISTERED AT A SITE? COMPLETE GRAY - PLEASE PRINT *****

I am registered THIS YEAR at another Site. Please check which Sites. Innovations Charter

My contact information has changed in the past year. I have completed information below.

Last Name	First Name	MI	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

***** New REGISTRANTS AREA - PLEASE COMPLETE FOR ALL PARTICIPANTS IN THE HOUSEHOLD - PLEASE PRINT *****

Last Name	Gender (check 1)	Ethnicity (check 1)	Primary Language (check 1)	Address	Lives With (check 1)	Transportation (check 1)	Special Needs (allergies, medications, diet, etc.)
_____ First Name _____ Middle _____ Student ID _____ Date of Birth __/__/__ Social Security Number XXX-XX-_____ _____	<input type="checkbox"/> F <input type="checkbox"/> M Lunch Status (check 1) <input type="checkbox"/> Free <input type="checkbox"/> Full <input type="checkbox"/> Reduced <input type="checkbox"/> Unknown	<input type="checkbox"/> American <input type="checkbox"/> Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other/Unknown <input type="checkbox"/> White (Not of Hispanic origin) <input type="checkbox"/> Other _____	<input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	_____ Zip Code _____ Phone _____ E-mail _____ School _____ Grade _____ Elem Teacher Name _____ Math Teacher Name _____ English Teacher Name _____	<input type="checkbox"/> Both parents <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other <input type="checkbox"/> Single parent father <input type="checkbox"/> Single parent mother <input type="checkbox"/> Other	<input type="checkbox"/> CLC Bus <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Picked up <input type="checkbox"/> Public Transportation <input type="checkbox"/> Walk Home If Site Bus: Bus Route _____ Closest Corner Stop	
_____ First Name _____ Middle _____ Student ID _____ Date of Birth __/__/__ Social Security Number XXX-XX-_____ _____	<input type="checkbox"/> F <input type="checkbox"/> M Lunch Status (check 1) <input type="checkbox"/> Free <input type="checkbox"/> Full <input type="checkbox"/> Reduced <input type="checkbox"/> Unknown	<input type="checkbox"/> American <input type="checkbox"/> Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other/Unknown <input type="checkbox"/> White (Not of Hispanic origin) <input type="checkbox"/> Other _____	<input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	_____ Zip Code _____ Phone _____ E-mail _____ School _____ Grade _____ Elem Teacher Name _____ Math Teacher Name _____ English Teacher _____	<input type="checkbox"/> Both parents <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other <input type="checkbox"/> Single parent father <input type="checkbox"/> Single parent mother <input type="checkbox"/> Other	<input type="checkbox"/> CLC Bus <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Picked up <input type="checkbox"/> Public Transportation <input type="checkbox"/> Walk Home If Site Bus: Bus Route _____ Closest Corner Stop	

				Name _____			
Last Name _____	Gender (check 1) <input type="checkbox"/> F <input type="checkbox"/> M	Ethnicity (check 1) <input type="checkbox"/> American <input type="checkbox"/> Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other/Unknown <input type="checkbox"/> White (Not of Hispanic origin) <input type="checkbox"/> Other _____	Primary Language (check 1) <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Address _____ _____ Zip Code _____ Phone _____ E-mail _____	Lives With (check 1) <input type="checkbox"/> Both parents <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other <input type="checkbox"/> Single parent father <input type="checkbox"/> Single parent mother <input type="checkbox"/> Other _____	Transportation (check 1) <input type="checkbox"/> CLC Bus <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Picked up <input type="checkbox"/> Public Transportation <input type="checkbox"/> Walk Home If Site Bus: Bus Route _____ Closest Corner Stop _____	Special Needs (allergies, medications, diet, etc.)
First Name _____				School _____ Grade _____ Elem Teacher Name _____ Math Teacher Name _____ English Teacher Name _____			
Middle _____ Student ID _____	Lunch Status (check 1) <input type="checkbox"/> Free <input type="checkbox"/> Full <input type="checkbox"/> Reduced <input type="checkbox"/> Unknown						
Date of Birth ___/___/___							
Social Security Number XXX-XX-____							

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CLC YOUTH Participant Registration Form

HOUSEHOLD INFORMATION PAGE --- Fill out only ONE per family ---

Parent/Guardian Last Name	First Name	Home Phone	Work Phone	Relationship

ADDITIONAL CONTACTS: List additional contacts for the child(ren) and use the check boxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick up the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick Up?	Emergency Contact	Lives With
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE USE ONLY

Site # _____
Date Entered in Computer ___/___/___
Data Staff Initials _____

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[] Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions.

Last Name	First Name

Last Name	First Name

Parent/Guardian Permission For CLC *** PLEASE READ CAREFULLY ***

Must be signed by Parent/Guardian for participants 18 and under

I hereby certify that I have read and do understand the above information:

Signed _____ Print Name _____ Date _____