



*Combining Academics, Recreation, and Enjoyment!*

Interim Project Director- Mrs. Havana Berry - (609) 383-6800 ext.3074

801 Mill Road – Pleasantville, NJ 08232



### AFTER SCHOOL PROGRAM REGISTRATION FORM

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Leeds Avenue School      South Main Street School      NMSS/WAS School      Middle School      High School

**DAYS ATTENDING THE PROGRAM:**    M                    T                    W                    TH                    F  
(CIRCLE ALL THAT APPLY)

<b>Home Address:</b>	<b>Home Phone#:</b>
<b>Mother's Name:</b>	<b>Mother's Work#:</b>
<b>Mother's Email:</b>	<b>Mother's Cell#:</b>
<b>Father's Name:</b>	<b>Father's Work:</b>
<b>Father's Email:</b>	<b>Father's Cell:</b>

**EMERGENCY CONTACT:**  
Please list those (other than parents) who may pick up your child/children:

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Children will not be allowed to leave with anyone without authorization from a parent/guardian. IDs will be checked before a child is released.

**NOTE:** Please list anyone who may NOT pick up your child: \_\_\_\_\_

Please list any allergies or other conditions you feel we should be aware of:

Consent Given for Emergency Care: \_\_\_\_\_ (Please sign to Grant Consent)

I parent/legal guardian of: \_\_\_\_\_ give my child permission to participate in the 21<sup>st</sup> CCLC after school Program, promotions (photos) and evaluation of these programs.

                       
 YES                                      NO

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_