

**21<sup>st</sup> Century Scholars**  
**Summer Registration Form 2011 ( Please Print )**

**RETURN COMPLETED FORM By Thursday June 24, 2011**  
**TO YOUR CHILD'S SCHOOL OFFICE**

Summer Program located at Fitchburg High School. Current Grades 2 – 8  
 Starting July 5 – July 28, 2011 Monday – Thursday –7:30AM– 12:00 PM

**ALL SECTIONS MUST BE COMPLETED**

<b>Please Print</b>			
FIRST Name:	MIDDLE Name:	LAST Name:	DATE OF BIRTH
Home Address:		Home Tel.#:	Cell Ph#:
Attending School:	GRADE	Homeroom Teacher	
Parent/Guardian full name:	Place of work and address:	Work Ph #:	
Emergency Contact:	Relation to Student:	Emergency Telephone #:	

***TRANSPORTATION POLICY***

**NO CHILD IS ALLOWED TO WALK HOME ALONE FROM THE SUMMER PROGRAM.** If you do not request transportation, you must designate a responsible adult (over 18) to pick up your child at the learning center.

**MY CHILD WILL BE PICKED UP AT THE LEARNING CENTER**

Name of Responsible Adult: \_\_\_\_\_ Phone # \_\_\_\_\_

**I AM REQUESTING TRANSPORTATION TO AND FROM THE PROGRAM AT Fitchburg High School.**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	RC: _____
SASID: _____	LI: _____
COORD INIT: _____	LE: _____
DATE RECEIVED: _____	SP: _____

**PAGE TWO – MEDICAL INFORMATION**

**Is there a document of a physical exam, immunization and lead screening on file at your child's school?**  YES  NO **If no, a record must be provided before a child may enroll.**

**Physician:** \_\_\_\_\_ **Address :** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_ **Address :** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health Ins. Provider:** \_\_\_\_\_ **Subscriber:** \_\_\_\_\_ **I.D. #** \_\_\_\_\_

**Please check or state any health problems or disabilities that the school nurse should be aware of:**

- Allergies to insect bites-insect type \_\_\_\_\_  Requires Epi Pen  Requires Benadryl
- Allergies to food – What food? \_\_\_\_\_  Requires Epi Pen
- Allergies to medications – Name? \_\_\_\_\_ Reaction? \_\_\_\_\_
- Ashma – Will you provide the school nurse with an inhaler?  Yes  No Nebulizer?  Yes  No
- Diabetes  Heart Problem? Specify \_\_\_\_\_  Seizure Disorder

Does your child wear?  **Glasses:**  Full  Part-time  **Hearing Aides:**  Bilat  Right  Left

**\*If your child requires medication administration, diabetic monitoring, Epi Pens, Inhalers or has severe allergies please contact Learning Center Coordinator immediately.**

**Other: Please Give Details:** \_\_\_\_\_

---

**I give permission for staff to administer the following over the counter medications:**

- Sunscreen  Vaseli  Bactine  Calamine Lotion  Antibiotic Ointment  Antiseptic Wipe
- Hydrogen Peroxide (cleaning Solution)

**Signature of Parent/Guardian:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**Signature of parent/guardian is required for registration**

***In case of an emergency, a staff member from 21<sup>st</sup> Century Scholars Program will contact you immediately.***

**Emergency Release Form - Separate signature needed**

In case of accident, if I cannot be reached, I give permission for 21<sup>st</sup> Century Scholars Summer staff to contact my child's physician and follow her/his instructions. If neither my child's physician, nor I are available, I give permission to bring my child to the nearest emergency facility to be treated by the physician on duty. I authorize the 21<sup>st</sup> Century Scholars staff to administer first aid as appropriate.

In extreme emergency, I give permission for medical treatment, general anesthesia, and surgery where necessary.

In extreme emergency, I give permission for medical treatment, general anesthesia, and surgery where necessary.

**This Signature is valid for one year from signed date:**

**Parent/Guardian**

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

**PAGE THREE**

**FIELD TRIP AND MEDIA PUBLICATIONS PERMISSION:**

I give permission for my child to participate in all of the regularly scheduled; on-going activities located at off-site facilities such as local parks, playgrounds, libraries, Historical Society, Fitchburg Art Museum, and local businesses?     **YES**     **NO**

I give permission to 21<sup>st</sup> Century Scholars Learning Center Programs to take videos/pictures that may include my child and might be used in publications (e.g. newspaper stories, newsletters/publications, local access television, 21<sup>st</sup> Century website).     **YES**     **NO**

**21<sup>st</sup> Century Electronic Student Management System:**

*I understand by enrolling my child into a 21<sup>st</sup> Century Learning Center program, my child will be part of an electronic Student Management System that complies with full confidentiality and "Acceptable Use Policies" of the Fitchburg Public Schools.*

**Signature of Parent/Guardian:** \_\_\_\_\_

***\*Parent/Guardian Behavior Agreement: (signature required for enrollment)***

All students must observe and adhere to positive and acceptable behaviors as outlined in each school's handbook. This includes positive behaviors during the out-of-school time program and while riding the bus. Once program activities have begun, no student is allowed to leave the building except by permission of the Learning Center Coordinator via parent request. A child's termination or suspension from 21<sup>st</sup> Century program is at the discretion of the 21<sup>st</sup> Century program administration. 21<sup>st</sup> Century is not an entitlement program but a service provided for children and families in the community.

**\*I have read the above statement and agree to its contents:**

**Signature of Parent/Guardian:** \_\_\_\_\_

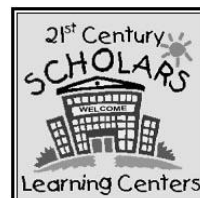
**DO NOT SEND YOUR CHILD TO THE SUMMER PROGRAM UNLESS NOTIFIED OF ENROLLMENT STATUS BY THE PROGRAM COORDINATOR**

**For more information contact:  
Jennifer Jones, 21st Century Program Supervisor  
Fitchburg Public Schools,  
376 South Street, Fitchburg, MA 01420  
Office Phone/FAX: 978-343-6714**

**Visit our website for more information: [www.fitchburgarts.org](http://www.fitchburgarts.org)**

# 21<sup>st</sup> CENTURY SUMMER 2011 PAYMENT FORM

Please return this form with Payment and the Completed  
 Registration Form to your Child's School Office or to  
 Memorial Middle School  
 For more information please call: 978-343-2122



Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel. #: \_\_\_\_\_ Cell Ph. #: \_\_\_\_\_

**Summer Program Fee includes Breakfast, Lunch, Transportation and program materials.**  
**Fees are non-refundable NO PROGRAM ON FRIDAY**

Name of Child –please print	Session Rate	Line Total
Child # 1: _____ Current Grade: _____ School Attending: _____	\$100	
Child # 2: _____ Current Grade: _____ School Attending: _____	\$100	
Child # 3: _____ Current Grade: _____ School Attending: _____	\$100	
	<b>Total Received</b>	

Cash only or Money orders are accepted -- Checks are not Accepted  
 Please complete a Separate Registration form for each child.  
 Please contact Jennifer Jones 978-343-6714 or visit [www.fitchburgarts.org](http://www.fitchburgarts.org)

**Program fee may be reduced for families with financial hardship – please speak to the 21<sup>st</sup> Century Coordinator or Guidance Counselor in your building.**

*All 21<sup>st</sup> Century program fees support 21<sup>st</sup> Century Programs*