



**Student Enrollment Form  
2011-2012**

**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 Number:	
Parent/Guardian full name:	Place of work and address:	Work Ph #:	
Emergency Contact:	Relation to Student:	Emergency Telephone #:	

**Days of Enrollment: Students must enroll for a minimum of two afternoons per week. THIS IS NOT A DROP- IN PROGRAM. ALL CENTERS ARE OPEN MONDAY – THURSDAY**

- Monday     
  Tuesday     
  Wednesday     
  Thursday     
  ALL

**TRANSPORTATION: NO STUDENT IS ALLOWED TO WALK HOME ALONE FROM PROGRAM**

- I GIVE PERMISSION FOR MY CHILD TO TAKE THE MART BUS AT DISMISSAL  
 I PREFER THAT MY CHILD TAKE THE FIRST STUDENT BUS HOME.

**PICK UP PERMISSIONS**

- MY CHILD WILL BE PICKED UP AT DISMISSAL

STUDENT MAY BE PICKED UP BY: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ Telephone/Cell #: \_\_\_\_\_

STUDENT MAY NOT BE PICK UP BY: \_\_\_\_\_

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

OFFICE USE ONLY:  SASID: _____  COORD INIT: _____  DATE RECEIVED: _____
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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  Vaseline  Bactine  Calamine Lotion

***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.***

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

**Parent/Guardian**

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

**PAGE THREE - SIGNATURE PAGES Continued**

**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:** \_\_\_\_\_

**\*General Release of Liability**

In consideration for being allowed participant privileges in any program of the 21<sup>st</sup> Century After School Program and Fitchburg Public Schools, I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless the 21<sup>st</sup> Century After School Program and Fitchburg Public Schools, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of the 21<sup>st</sup> Century After School Program and Fitchburg Public Schools and its partners is binding on me and not my heirs, personal representatives, successors, and assigns.

**\*Parent/Guardian Behavior Agreement:**

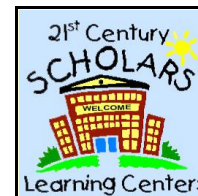
All students must observe and adhere to positive and acceptable behaviors as outlined in each school's handbook. This includes positive behaviors during the out-of-school time program and while riding the bus. Once program activities have begun, no student is allowed to leave the building except by permission 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 statements and agree to its contents: (signature required for enrollment)**

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

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: [www.fitchburgarts.org](http://www.fitchburgarts.org)**



21st Century Learning Centers are funded through a 21<sup>st</sup> Century Community Learning Centers federal grant administered by the Massachusetts Department of Elementary and Secondary Education with partial funding from a state ASOST (After School Out-of-School Time) grant, Fitchburg Public School district funds, private and in-kind donations and program fees. All programs meet the Americans with Disabilities Act (ADA) requirements.

The Fitchburg Public Schools insures employment, educational opportunities and affirmative action, regardless of race, religion, color, creed, national origin, sex, sexual orientation, or disability, in compliance with Title VI, IX Chapter 622, IDEA 2004 and section 504, MGL Ch. 76, Section 5.

Questions related to this non-discrimination regulation must be addressed to:  
Richard Zeena, Grievance Officer, 376 South Street, Fitchburg, MA 01420, (978) 345-3215