

APPLICATION MUST BE FILLED OUT COMPLETELY AND ACCURATELY TO BE CONSIDERED FOR ACCEPTANCE INTO A PROGRAM



**BOYS & GIRLS CLUB
OF MERIDEN**

**AFTER SCHOOL PROGRAM APPLICATION
Ben Franklin Elementary School Grades K-5
2024 - 2025
Registration Form
21ST Century Community Learning Centers Grant**



**** STUDENT ID# (LUNCH NUMBER) **** _____ **SASID #** _____

CHILD'S NAME _____ **AGE** _____ **GRADE** _____

Address _____ **City** _____ **Zip Code** _____

Phone Number _____ **Birthdate** _____ **Female** _____ **Male** _____

Ethnicity (please circle): Asian - Native American - African American - Hispanic - Caucasian - Other

Language spoken at home _____

Please check if receiving ELL support _____ **Special Education student: Yes** _____ **No** _____

Child's Homeroom Teacher _____

EMAIL CONTACT: _____



PARENT/GUARDIAN NAME _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

PARENT/GUARDIAN NAME _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

CHILD LIVES WITH (please circle): both parents - mother - father - guardian - grandparent - other

CHILD RELEASE INFORMATION: Your child will not be released to anyone other than a parent or legal guardian unless the name is listed below or you send a written consent for your child to leave with someone else. We will ask for identification if we are unsure of the person picking up your child. **** IF THERE IS A COURT ORDER IN PLACE REGARDING CUSTODY PLEASE LET THE SCHOOL OFFICE KNOW ****

ADDITIONAL CONTACTS—List additional contacts for the child. These individuals should be authorized to pick up the child in an emergency. ** MUST LIST ONE CONTACT NOT LISTED ON FRONT **

NAME _____ Phone _____ Relationship _____

NAME _____ Phone _____ Relationship _____

NAME _____ Phone _____ Relationship _____

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**** MEDICAL INFORMATION (MUST BE COMPLETELY FILLED IN) ****

Are there any special needs such as asthma, allergies, previous surgery, accessibilities, diet, etc. which would require limits or restrictions on your child's activities? Yes _____ No _____

If yes, please explain _____

**** Is your child taking medications? Yes _____ No _____ If yes, please list _____**

PARENT/GUARDIAN PERMISSION FOR 21ST CENTURY CLC—PLEASE READ CAREFULLY

I hereby give permission for my child to take part in the Boys and Girls Club of Meriden 21st Century Community Learning Centers activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. I agree that if a health condition exists now or in the future which would impact the participation of my child, I will notify the 21st Century Community Learning Center staff.

Also, I give my consent to the Boys and Girls Club of Meriden 21st Century Community Learning Centers programs and the Meriden Public Schools to share my child's student records with each other for purposes of providing educational support and assistance.

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

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____

*Per Connecticut General Statute 19a-77 we are required to disclose that our programs are not licensed by the State Office of Early Childhood