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| **Campbell High School**  |
| **CLC YOUTH Participant Registration Form -- 2016-2017 School Year**  |

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| **OFFICE USE ONLY** |
| Site #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bus #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Entered in Computer \_\_\_\_/\_\_\_\_/\_\_\_\_Data Staff Initials \_\_\_\_\_\_ |

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| **PLEASE PRINT****Last Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**First** **Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Middle** \_\_\_\_\_**Student ID**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Birth** \_\_\_/\_\_\_/\_\_\_ | **Gender**(check 1)[ ] F[ ] M**Lunch Status**(check 1)[ ] Data not available[ ] Free/Reduced[ ] Pay in Full[ ] Reduced | **Ethnicity**(check 1)[ ] American Indian/Alaskan Native[ ] Asian[ ] Black (not of Hispanic origin)[ ] Data Not Available[ ] Hispanic[ ] Native Hawaiian or Other Pacific Islander[ ] Other[ ] White (Not of Hispanic origin)[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_ | **Primary Language**(check 1)[ ] Data not available[ ] English[ ] Other[ ] Spanish[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip Code** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-mail** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grade** \_\_\_\_\_\_\_\_\_\_\_ | **Lives With**(check 1)[ ] Both parents [ ] Foster Care [ ] Grandparent(s) [ ] Guardian [ ] Joint Custody [ ] Other [ ] Single parent father [ ] Single parent mother [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Transportation Home**(check 1)[ ] City Bus[ ] Picked up[ ] School Bus[ ] Walk Home | **Special Needs**(allergies, medications, diet, etc.) |

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| Parent/Guardian Last Name | First Name | Home Phone | Work Phone | Relationship |
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| **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)/GUARDIAN(S) WILL be able to pick up the student(s).* |

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| Last Name | First Name | Address | Home Phone | Work Phone | Relationship | Pick Up? | Emergency Contact | Lives With? |
|   |   |   |   |   |   | [ ] |  [ ] | [ ] |
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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.** |

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| Last Name | First Name |   | Last Name | First Name |
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| **Parent/Guardian Permission For CLC** | **\* PLEASE READ CAREFULLY \*** |

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| ***Must be signed by Parent/Guardian for participants 18 and under*** |
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| I hereby certify that I have read and do understand the above information:Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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