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| |  | | --- | | **Campbell High School** | | **CLC YOUTH Participant Registration Form -- 2016-2017 School Year** | | |  | | --- | | **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*** |
| |  | | --- | | I hereby certify that I have read and do understand the above information:  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |