



21st Century Community Learning Center - Student Registration: 2019-2020

NPS Office of ELT & 21st Century Learning Center ph: 973-412-1930 fax: 973-412-1914



Save paper! Fill this form out on line at: <https://tinyurl.com/21stCentSY19-20>

Student name: _____ Date of birth: ____/____/____

School: (CIRCLE ONE): FLAGG BELMONT RUNYON UNIVERSITY EAGLE Grade: _____

Parent/guardian name: _____

Parent/guardian email: _____

Address: _____

Street Apt. City Zip

Home phone: (____) _____ Work: (____) _____ Cell: (____) _____

Ethnicity: Black _____ Hispanic _____ Caucasian _____ Other _____

Does your child receive free or reduced lunch? Yes _____ No _____

In case of emergency (e.g. early dismissal, medical emergency, etc.) please notify.

Name: _____ Relationship to Student _____ Cell: (____) _____

Does your child have and IEP? Yes _____ No _____ Primary language spoken at home: _____

My child: does: ____ does not: ____ have a known medical condition that would prohibit him/her from fully participating in this program? _____ parent/guardian initials

Indicate if your child: ____ uses an asthma pump ____ allergic to bee stings ____ has food allergies

If "yes" Indicate which allergy _____

Is your child permitted to leave the site at closing without adult supervision? Yes No (please circle one)

Photo/Video Consent (check one)

I do I do not consent _____ to allow the Newark Public Schools to use photos of my child participating in various activities of this program to showcase the program and the activities available. The photos may be used to promote the program which is not a "for profit" venture. Therefore, no fees will be paid to me or to my child by the Newark Public Schools.

Parent/guardian signature: _____

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