



# GULF COUNTY SCHOOLS



Application Date: \_\_\_\_\_

Name:		Grade Level	Teacher
Date of Birth:	Gender: M or F	Phone Number ( ) -	
Email:		Address:	
Physical Address :		City	

In case of emergency, please list two (2) Contacts that can be notified, during any Gulf County School and 21<sup>st</sup> Century Community Learning Center activities, the staff are authorized to contact and/or release my child to the following persons:

Name:	Relationship:	Phone: ( )
Name:	Relationship:	Phone: ( )

Transportation: Check the appropriate Box

- My child will be picked up daily     My child will ride the Bus     My child will walk home

★ To ensure the SAFETY our students, it is necessary for your child to be SIGNED OUT of the 21<sup>st</sup> Century Community Learning Center after School Enrichment Program. ★

The following people have my permission to pick up my child:

Name:	Relationship:	Phone: ( )
Name:	Relationship:	Phone: ( )
Name:	Relationship:	Phone: ( )
Name:	Relationship:	Phone: ( )
Name:	Relationship:	Phone: ( )
Name:	Relationship:	Phone: ( )
Name:	Relationship:	Phone: ( )
Name:	Relationship:	Phone: ( )

As a parent or legal guardian, I hereby give my permission for \_\_\_\_\_ to participate in the Gulf County School Board and 21<sup>st</sup> Century Community Learning Center after School Enrichment Program, to include:

- Participate in all activities of the GCSB and 21<sup>st</sup> CCLC After School Enrichment Program
- Participate in program field trips under proper supervision
- Being interviewed or photographed and /or taking part in promotional and public relation activities, but only those pertaining to 21<sup>st</sup> CCLC After School Enrichment Program

I also give permission for the GCSB and 21<sup>st</sup> CCLC After School Enrichment Program staff to communicate with staff about my child, obtain information on my child's school records in order to more effectively provide educational services. All school information obtained in this way will be maintained with strict confidentiality.

\_\_\_\_\_  
Parent /legal guardian signature

\_\_\_\_\_  
Parent /legal guardian printed name

Date Signed \_\_\_\_\_



Release of Liability Form

As the parent or legal guardian for this registered student, I hereby acknowledge that participant in Gulf County School Boards and 21st CCLC After School Enrichment Program activities presents the possible risk of injury from instructors, other students, and materials used in the activities, and I am aware of the risk of injury. I hereby assume such risk of injury and, myself, my heirs and personal representatives, do I hereby release the GCSB employees and agents and each individual enrichment teacher and/or tutor and other GCSB staff, and all other students involved in the activities from any liability for any injury which my child may suffer in connection with participation in such activities.

\_\_\_\_\_  
Parent/legal guardian signature

\_\_\_\_\_  
Date Signed

Is there anything else that we should know about your child?

Special Medical Needs: \_\_\_\_\_

Any other special need: \_\_\_\_\_

Any other information about of your child:

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*Attendance Policy\*\*\*\*\*

The 21st CCLC program is a free program for students that can benefit from a variety of stimulating personal enrichment activities that promote school success and well-being in a safe environment. Regular attendance and engagement are essential to the students and programs success.

I understand that the requirements of the program include the following:

- Failure to maintain attendance standards (at least 3 days per week) will result in termination from the program
- Youth will maintain a consistent daily attendance and may not miss more than 9 days in any one month period.
- Absence days beyond 9 in any one month will require a doctor's note to maintain active status in the program.
- Parents/guardians are required to notify the program id a youth will be absent and prior to withdrawal from the program.
- Parents and students will participate in a satisfaction survey at least once a year.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date of Signature

