



**Cascade Afterschool Program 21st Century Community Learning Center
Fall/Spring Semester
2021-2022**

Date Applied _____ Date Enrolled (CAP Staff) _____

Child's First Name _____

Child's Last Name _____

Gender: (Circle) Male or Female Birth Date: _____

Ethnicity (circle) African-American Asian Caucasian Hispanic Narive American Hawaiian Other Pacific Islander Other

Attending (please check) _____ Public School _____ HomeSchool _____ Remote Learning _____ Current Grade (K-6): _____

Special Services (Circle any that apply) 504 Plan Current IEP Other _____

Medication or Allergies _____ Current Immunization Records on file with SD#422 ___ Yes ___ No

Parent/Legal Guardian Name _____

Address _____ Zip _____

E-mail (required for official documents) _____ Phone # _____

Preferred method of cell blasts during programming hours _____ Text _____ Call /Cell Phone # _____

Emergency Contact (Other than custodial parent/guardian) _____

Physical Address _____

Relationship: _____ Phone: _____

Information and Medical Release

(Parent MUST initial each item to give consent, fully cross out any item to deny consent.)

_____ **Emergency Treatment:** While participating in the CAP 21st CCLC program, I hereby authorize a staff member to take my child to the nearest emergency hospital for such emergency treatments and measures as are deemed necessary for the safety and protection of my child.

_____ **Internet Use:** I give my child permission during the CAP 21st CCLC program to use a computer which includes the use of the network/internet for educational purposes. The CAP 21st CCLC staff will take all precautions to monitor usage, including the use of filtering software. I recognize, however, that it is impossible for the CAP staff to restrict access to all controversial materials, and I agree not to hold them responsible for materials accessed on the network.

_____ **Child's Photo Release:** I/we give permission for my child's photo and first name to be used for CAP 21st CCLC program media purposes. This may include newspapers, websites, brochures, school displays, etc.

_____ **Information Release:** I/we authorize the CAP 21st CCLC program to obtain documents relative to and consistent with my child's education. Such documents may include a copy of my school transcript, test scores, attendance, disciplinary actions, and school lunch program eligibility. I/we authorize the 21st CCLC to obtain information from any agency or program providing supplemental services.

_____ **Transportation:** (chose those that apply) _____ I request that CAP provide my child transportation home
_____ My child will walk/bike home after CAP
_____ I will provide transportation for my child after CAP

_____ **Field Trip Permission:** I give consent for my child to attend any extended field trip or excursion planned by the CAP 21st CCLC program. District buses or vans are driven by program or district staff only. Students may walk, escorted by program staff, to program venues when appropriate. I understand that a notice will be provided at least 3 days prior to an extended (out of School District) field trip. I may excuse my child from any extended field trips and **I agree to inform the staff if my child will not be participating.**

We have answered all of the questions on this form to the best of our knowledge.
I hereby give my permission for my child to participate in all the 21st CCLC activities.

Signature of Parent _____ Date _____

Signature of Student _____ Date _____

******Application does not guarantee enrollment. CAP will contact the applicant to confirm enrollment.******