



21st Century Community Learning Centers
 Afterschool Program (PDY/PAY)
 2300 Courtland Dr.
 Sanford, NC
 (919) 774-9462
 www.pdypay.com



Academic School Year: 2019-2020

Please complete every space or write NA for Not Applicable

Race: Caucasian/White African American/Black Hispanic Other _____

Student Information:

Child's Name _____
 (Last) (First) (Middle &/or Nickname)
 Child's Address _____
 (Street) (City) (Zip)
 Age: _____ DOB: ____/____/____ M/F: _____ Grade Level: _____ Name of School: _____

Parent/Guardian Information:

1. Name: _____ Home Phone: _____
 Address: _____ Mobile Phone: _____
 Place of Employment: _____ Work Phone: _____
 Email Address: _____

2. Name: _____ Home Phone: _____
 Address: _____ Mobile Phone: _____
 Place of Employment: _____ Work Phone: _____
 Email Address: _____

Persons (Must be at least 16 or older) authorized to pick up child other than Parent(s):

1. _____ Phone _____
 2. _____ Phone _____
 3. _____ Phone _____

Please Note: (List ALL and ANY Medications, Allergies or, Special Needs, for your child.)

Emergency Care Information:

Child's Doctor's Name _____ Phone _____
 Address _____ Hospital Preference _____

If Parent/Guardian cannot be reached, call:
 Name _____ Phone _____ Relationship _____

I agree that the PDY/PAY 21st CCLC Afterschool Program's Director or Coordinator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor a family physician can be contacted immediately.

Parent/Guardian Signature _____ Date _____

I understand that my child may be dismissed from 21st Century Community Learning Centers Afterschool Program as a result of continuous disciplinary problems.

 Date _____
 Parent/Guardian Signature



The purpose of this medical form is to provide PDY/PAY Administration and Staff with pertinent information, which will help to serve the need of your child and the Afterschool Program.



Child's Name: _____		Date of Birth: ___/___/_____
Sex: Male _____ Female: _____	Program Name: _____ PDY _____ PAY	
Does your child current have any food or medical allergies?	Yes/No _____	Food Allergies: _____ Medical Allergies: _____ Normal Treatment to Allergic Reactions: _____ _____
Is your child currently on a special diet?	Yes/No _____	Please Explain Your Child's Special Diet: _____ _____ _____
Does your child have any Special Health Condition: (ex: diabetes, asthma, occurring infections, skin conditions, etc...)	Yes/No _____	If Yes, Please Explain: _____ _____ _____
Has your child had any operations or serious injuries that required hospitalization?	Yes/No _____	If Yes, Please Explain: _____ _____ _____
Does your child wear additional appliances? (ex: glasses, contacts, earplugs, etc...)	Yes/No _____	If Yes, Please Explain: _____ _____ _____
LIST ALL MEDICATIONS YOUR CHILD IS CURRENTLY TAKING: prescription and over-the-counter medications	Med Name: _____ Date Started: _____ Date Stopped: _____ Ongoing: _____	
Med Name: _____ Date Started: _____ Date Stopped: _____ Ongoing: _____	Med Name: _____ Date Started: _____ Date Stopped: _____ Ongoing: _____	
As the legal Parent/Guardian, please provide any additional health/medical information:	Additional Medical Information/Directions: _____ _____ _____	

I do hereby agree that I have provided the necessary information that is needed for my child's medical safety at PDY/PAY Afterschool. I hereby agree to keep Administration and Staff informed and updated with any/all medical changes for my child. **Failure to provide and disclose pertinent information about your child for Program Use could affect your child's participation in program activities.**



**Parent Request for Transportation to Afterschool Enrichment Program
and Release of Academic Information**

(Incomplete forms will be returned to Afterschool Enrichment Program Contact)

Please list the student's name as it appears on student records at school. Forms that have incomplete and/or inaccurate information may delay transportation service.

Name of School: _____ Date: _____

Student Name: _____ Grade: _____

By signing this form I give permission for my child to attend the afterschool enrichment program. I understand the Lee County Schools will use regular school buses to transport my student to the afterschool program. I further agree to release my student to the care and supervision of the 21st Century program. While Transportation service is Mondays through Thursdays, **on Fridays your child will continue their regularly scheduled school route from school to home.** This will continue until the school receives notification to terminate transportation services to the afterschool enrichment program.

I further agree to the authorization to release my student's Lee County School Records that include but are not limited to Placement Tests, Behavioral Citations, IEP's Reports, Academic Grades, and both EOG and EOC scores to the Program Director's staff upon their request.

Parents/Guardian Signature

21st Century Community Learning Center Use Only

PDY/PAY 21st CCCLC Program

2300 Courtland Dr. / Sanford, NC 27330

Program Directors: Ms. Kristen Mellette and Mr. Josh Mellette

(Office:) 919-774-9462

www.pdypay.com

TRANSPORTATION OFFICE USE ONLY

Date Received: _____

TIMS Supervisor

PARENT AUTHORIZATION FORM

Please carefully read the following, initial where indicated and sign below

I understand that as the parent/guardian of my child (name of child): _____, I am responsible for the granting of permission and consent to the following procedures as well as the actions and physical condition of my child while he/she is in the 21st Century Program. As such I consent to the following:

I give my permission for my child to participate in program activities. Please list any possible exclusions:

Emergency Procedure

In case of emergency, I authorize the program staff to directly contact the persons named on this enrollment form. If the parent, guardian or authorized person cannot be contacted, the program's employees are authorized to take necessary action for the health and welfare of my child. I agree that I am solely responsible for payment of all costs resulting from emergency medical treatment and/or ambulance services.

Initials _____

Transportation

I give permission for my child to participate in all field trips where he/she will be under the supervision of the 21st Century faculty and staff while they are physically away from the site.

Initials _____

Sign In/Out Procedures and Responsibilities

I agree to follow the sign in/out procedures. I understand that the program is not responsible for children that are not properly signed in. (Please come inside to see an adult and sign your child in/out.) The 21st CCLC does not allow children to sign themselves in/out. If your child rides the van in the afternoon, there has to be an adult home with the child during drop off.

Initials _____

Student Records Updates

I understand that I must keep my child's records up to date with the most current and updated home and work telephone numbers of both myself and those authorized above to pick up my children on my behalf.

Initials _____

Media Release:

I hereby consent to and authorize the use and reproduction by the 21st Century Afterschool Learning Center (PDY) of all photographs and /or other audiovisual materials taken of me and my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program. By authorizing this release, the community instantly becomes aware of what your child/children are experiencing in our afterschool environment.

Initials _____

Parent Signature

Date