



**Fairmount School 's  
21<sup>st</sup> Century Community Learning Center  
Registration & Releases Form 2017-2018**



**Child's Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Emergency Contact (other than Parent/Guardian)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

**Special Conditions (Medical Conditions, Allergies, Medications, Dietary Requirements)**

**Medical Information**

Family Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Choice of Emergency Room:  EMMC  St. Joseph's

Insurance Info: \_\_\_\_\_

**Transportation:** My child will- **Take the bus:** \_\_\_\_\_ **Be Picked Up:** \_\_\_\_\_ **Walk:** \_\_\_\_\_

**\*Address for Bus drop off:** \_\_\_\_\_

(Bus drop offs will be determined based on need and are commonly the closest intersection to your house)

**Pick-up Authorization**

The following people, along with parents/guardians & emergency contact listed above, are authorized to pick up my child from the Fairmount Afterschool Programs. I understand my child will be allowed to leave with these individuals only.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**PLEASE Sign on THE BACK and return to the school.**  
(We only need this form once per year)

**FEES:**

We take pride in offering our program to Fairmount families at no cost; however, maintaining a high-quality program is costly, and funding is limited. **Any contribution made by participants makes a difference!**

We are able to make a contribution in the amount of \$\_\_\_\_\_ (enclosed.)

Please enclose cash, or make checks payable to: **Bangor School Department 21<sup>st</sup> Century Program**

We are unable to make a contribution at this time.

**RELEASES & PERMISSIONS:**

**FIELD TRIPS:** Some of our after school programs will be taking field trips during the normal operating hours, throughout the greater Bangor area. At this time you may give permission for your child to participate in all of the Field Trips. If any field trip falls outside normal operating hours you will be asked to sign a separate permission slip.

By signing below, I give permission for my child to participate in all field trips that are part of the Fairmount's 21<sup>st</sup> CCLC.



**PHOTOGRAPHS & VIDEOS:** This form gives permission for your child's photograph and/or video to be used to advocate and/or publicize our 21<sup>ST</sup> CCLC Programs. These publications may be used in our school newsletter, brochures, on our website, television, or any other type of publication.

By signing below, I give permission for my child to participate in any photo or video session that may be part of Fairmount's 21<sup>st</sup> CCLC Programs.



**FIRST AID:** We do not have nursing services provided during our after school hours of operation.

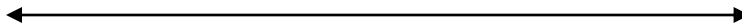
By signing below, I confirm that I have been informed and I agree to notify the program of all of my child's medical conditions/needs.

By signing below, I also authorize the 21st CCLC program staff to take the appropriate action to protect the well-being and safety of my son/daughter including seeking emergency medical attention or hospitalization (or both) should the need arise and I am unable to be reached.



**21ST CCLC PERMISSION:** In order to provide evidence to maintain our 21<sup>st</sup> CCLC grant we need to keep track of student demographics, free and reduced lunch status, academic progress and activity participation. All information collected will be restricted and used solely for serving student needs and program evaluation purposes.

By signing below, I authorize the release of my child's information in order to provide evidence to maintain Fairmount's 21<sup>st</sup> CCLC grant and to track overall student progress for program evaluation.



**RELEASE OF LIABILITY:** By signing this permission slip, I/we agree to hold harmless and indemnify the Bangor school system, officers, agents, employees, volunteers and contractors from all claims, demands, causes of action that arise from any unintentional or claimed negligent act or omission resulting from any student's participation in the 21st CCLC program.

\_\_\_\_\_  
Child's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

