



KING
Community Learning Center
Participant Registration

Name _____ Date of Birth _____

Age _____ Male ___ Female ___ Student ID _____ Grade _____

Will student attend CLC during the

- After school

Ethnicity: (please check one)

- African American
- Sudanese
- Native American
- Asian American
- Hispanic American
- Caucasian

School Lunch Program Eligibility

- Free
- Reduced
- Not Eligible

Language

Does Student speak (check all that apply)

- English
- Spanish
- Nuer
- Arabic
- Other _____

Parent/Guardian Information

Mother/guardian _____
Address _____ Zip Code _____
Phone number: home _____ work _____ cell _____

Father/Guardian _____
Address _____ Zip Code _____
Phone number: home _____ work _____ cell _____

Participant lives with (please check one)

- Mother
- Father
- Both Parents
- Foster Parent/Guardian
- Other Relative

School _____ CLC site _____
Grade _____ Teacher _____

- My child has my permission to walk home after CLC.**
- My child does not have my permission to walk home after CLC and will be picked up.**

Pick Up Authorization

Please list those persons whom you are authorizing to pick up your child after the program or in an emergency; persons other than those listed below will not be allowed to remove participant from program.

1. Name _____	Relationship _____
Phone Number _____	alternative number _____
2. Name _____	Relationship _____
Phone Number _____	alternative number _____
3. Name _____	Relationship _____
Phone Number _____	alternative number _____

Educational Needs

My child is currently/ has been enrolled in special educational needs classes'

- Yes
- No__

If yes please state which:

School _____

What type of programming _____

Number of year's enrolled _____

Does his/her school have an individual education plan in place?

- Yes
- No

If no, what are the participant's special needs? Please check from the following

- None
- Medical

- Behavioral Concerns; type(s) _____
- Autistic
- Visual Impairment
- Speech Impairment
- Emotional Disorder
- Cognitive Disorder
- Hearing Impairment
- Orthodontic Impairment
- Trauma Disorder
- Academic – subject(s) and area of need

Medical History

Doctor's Name _____

Phone _____

Name of Insurance Carrier _____

Please list all allergies:

Medication needed?

- Yes
- No

If yes, name and type of medication _____

Dosage _____

Has participant ever been diagnosed by a physician with any of the following conditions?

1. Asthma

- Yes - severity __Low __Mild __High
- No

If yes, medication needed?

- Yes
- No

Name and type of medication _____

Dosage _____

2. Diabetes

- Yes
- No

If yes, medication needed?

- Yes
- No

Name and type of medication _____

Dosage _____

3. Lactose Intolerance

- Yes
- No

If yes, medication needed?

- Yes
- No

Name and type of medication _____

Dosage _____

4. ADHD

- Yes
- No

If yes, medication needed?

- Yes
- No

Name and type of medication _____

Dosage _____

5. Autism

- Yes
- No

If yes, medication needed?

- Yes
- No

Name and type of medication _____

Dosage _____

6. Other medical concerns to be aware of

Medication needed?

- Yes
- No

Name and type of medication _____

Dosage _____

Please complete the Community Learning Center Registration form, Permission for Medication form, and the Release for Participation form and return to the Community Learning Center Site Supervisor within 7 days of receipt. Child will not be allowed to participate in the Community Learning Center until all paperwork is completed and on file.

Release of Participation in the
KING
Community Learning Center

I, _____ the parent/guardian of

_____,

Understand that by enrolling my child in the Community Learning Center, I give permission for said child to participant in all activities, including but not limited to; academic assistance and recreational programs, off site events, transportation to and from all events whether private or agency provided, photographs to be used for educational or public viewing, and all programming which the Community Learning Centers deem vital to the safety, academic and personal life skill development of my child. I give my consent to the sharing of my child's student records for the purpose of providing educational support; assistance, progress and improvement to evaluate the impact of the program and to obtain continued funding purposes. It is also my understanding that my child's participation in the Community Learning Center depends on consistent attendance and adherence to behavior guidelines, a copy of which I have received. Any participant not in accordance with either attendance guidelines or behavior policies will be removed from the program and placed on a waiting list. Returning to the program is dependant on the severity of removal, results of a parent/guardian conference and space available. I understand that if a medical emergency arises the program staff will take all steps necessary to ensure the safety of my child and will call as necessary a public emergency vehicle for transport to the nearest emergency facility. I also understand that I am responsible for any transportation charges and medical expenses incurred. I understand the nature of the Community Learning Center and the risk of injury or loss of property associated with it and release the Omaha Public School District and all program organizations and its employees from any claims made by the child or on behalf of the child.

_____ Yes my child has permission to be photographed for educational or promotional reasons.

_____ No my child does not have permission to be photographed for educational or promotional reasons.

I understand that there is no registration fee for participation in the CLC, however as a parent I am encouraged to volunteer at the program no less than 2 hours per month.

Parent/Guardian Signature _____

Date _____