



2016-2017 Program
Highlands Middle School
Kennewick, WA
Personal Information

Registration Form

21st Century Community Learning Center

Student Last Name: _____

Student First and Middle Name: _____

Birth date: _____ Gender: Male Female

Address: _____ City: _____ Zip: _____

☎ Best telephone number: _____

Medical conditions, special needs, physical limitations, or allergies:

Primary Language: English Spanish other _____

Does participant qualify for free/reduced lunch program? Yes No

Ethnicity: Is this student Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture, regardless of race.) Yes No

Race: Check one or more Caucasian (White) Black or African American
 Asian Native Hawaiian /Pacific Islander
 American Indian or Native Alaskan Other
 Unknown/Declined to answer

Registration Information

2016-2017 year **Grade:** _____ **Highlands ID #:** _____

May your student leave early from program without parent pick-up? Yes No

If yes, when may your child leave program? 3:30pm 4:30pm Other _____

How will your student be getting home from 21st Century Program? (dismissed at 5pm Mon-Thurs)

WALK PICKED UP BFT-transit (City Bus Route# _____)

Is the participant considered Limited English Proficient? Yes No

Is the participant in Special Education or have an Individualized Education Plan? Yes No

Is the student in a gifted or talented program? Yes No

Permission Form

I give permission for my child's picture to be taken for the purpose of presentations, websites, printed materials, and public gatherings.

✍ Signature: _____ Date: _____

I give permission for the 21st Century staff to access my child's grades, attendance, test scores, and behavior referrals for evaluation purposes.

✍ Signature: _____ Date: _____

I give permission for my child to have access to the internet during the 21st Century program under staff supervision.

✍ Signature: _____ Date: _____

(Please turn over and complete back of form)

Family Information

Siblings Information:

Name of sibling in this program: _____ Date of Birth: _____

Name of sibling in this program: _____ Date of Birth: _____

Parent Information:

Parent/Guardian (1) _____ Relationship: _____

☎ Best telephone number: _____ home cell work (please circle)

Email address: _____

Lives with child? Yes No

Allowed to pick up child? Yes No

Parent/ Guardian (2): _____ Relationship: _____

☎ Best telephone number: _____ home cell work (please circle)

Email address: _____

Lives with child? Yes No

Allowed to pick up child? Yes No

Did your child attend 21st Century programs at Highlands during the 2015-2016 school year? Yes No

Did your child attend 21st Century program at Highlands during the 2016 Summer School Program? Yes No

Did you child attend a 21st Century program at a Kennewick elementary school during 2015-2016? Yes No

Emergency Contacts:

Name: _____ Best phone number: _____

Name: _____ Best phone number: _____

Persons **NOT** allowed to pick up child: _____

Additional concerns or comments: _____

THANK YOU!



**To be completed by site staff:* Registration date: _____ SSID# _____ DistrictID# _____