SESI

After-School Program

Monday-Friday Pick up is promptly at 5:25 FREE TO ALL STUDENTS!!



11/10/2009	_	Suwannee	Pinev	iew	Scho	ool-		
Student's Legal Name:	Student ID:							
Homeroom Teacher:		Grade this ye			r:	Age:		
Residential Address:					·			
City, State ZIP:								
Is a language other than E	Y	es	No	No If yes, what language?				
List any allergies or known health information regarding your child:								
Parent/Guardian's Name:								·
Parent Contact Information		Cell:	Home:				Work:	
Parent Email address:								
Emergency Contact's Nam		Phone:						
Person(s) Authorized to Pick Up and/or Check-Out Your Child								
N	Relationship:				Phone:			
Parent/Guardian Signature:			T			Too	Today's Date:	
Please list siblings who attend school (grades K-5) in the district: School and Grade								and Grade
			•					
		I would like to enroll my child in the before-school program. I understand the program begins at 6:55 a.m., but my child does not have to arrive at that time.						
Important		I give permission for my child to leave campus with 21st CCLC staff for local, walking field trips. I give permission for photos and/or videos of my child to be posted and viewed on official school district websites and/or local media. I will make arrangements for my child to be picked up promptly at 5:25. I understand that my child could be dropped from the program as a result of late pick-ups.						
information!	·							
Please check any								
boxes that apply:	✓							
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*****IMPORTANT:Registration form must be signed by parent or guardian and child's participation acknowledged by the 21st CCLC Site Coordinator, by a phone call, before the child may participate in the program.