

CHEATHAM ACHIEVERS

21st Century Community Learning Centers Program
Middle School After School Program

Site Name: _____ Homeroom Teacher: _____

Site	Location
CMS	Cheatham Middle School
HMS	Harpeth Middle School
SMS	Sycamore Middle School

STUDENT REGISTRATION FORM

Student's Full Name: _____
First Middle Last

Complete Address: _____
Street address City Zip Code

Birthday: _____ Male / Female Grade: _____ Regular Bus Number: _____

Parent/Guardian Name: _____

Home Phone #: _____ Cell #: _____ Email: _____
(Area Code) Number

Emergency Contact: _____ Relationship to student: _____

Emergency Numbers: _____
Whose phone?
Be sure to include area code. Please indicate if phone is a cell phone.

Primary Care Physician _____
Name Phone Number (please include area code)

There is **no bus transportation**, you must pick up your child by 5:30 no later.

My child will be picked up by car _____
Make, Model and Color of Car

In the event that the Parent /Guardian or Emergency Contact in unable to pick up the above child, the following persons have permission to pick up him/her from the after-school program.

Name phone #

Name phone #

Please list below any specific medical information such as medical condition(s), food allergies, medication(s) or procedure(s) that should be taken in the event this child is involved in a medical emergency.

I understand that photographs that include my child and student work of my child may be considered for publication on behalf of the 21st CCLC grant. Please check here if such materials **MAY** be used:

If selected, I give permission for my child to participate in the Cheatham County 21st CCLC program.

Signature: _____ Date: _____