

McKinleyville Union School District
Expanded Learning Program
21st CCLC– Enrollment Information Form 2018-2019

Student Last Name: _____ First Name: _____

Circle Grade: **Dow's Prairie** **TK** **K** **1st** **2nd**
Morris **3rd** **4th** **5th**

Days of Attendance: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

Food/Other Allergies: **Yes** **No**

Describe _____

Physical/Other Limitations: **Yes** **No**

Describe _____

Please list other parallel programs that may occur during the Expanded Learning Program hours (sports, clubs, etc.):

Morris Student Transportation: Does student have permission for self-check out to ride bike or walk home? **Yes** **No**

Days and Times:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Parent/Guardian Email Communication:

1) Name: _____ Email: _____

2) Name: _____ Email: _____

Parent/Guardian Signature: _____ **Date:** _____

****Schools please forward to ELP Coordinator when returned****