



Borton Magnet School

21st Century Community Learning Center

Afterschool Registration Form – Fall 2017

1. Student Information (Please PRINT student name exactly as it appears on the birth certificate)

Legal Last Name:	Legal First Name:	Nickname:
Date of Birth (MM/DD/YYYY)	Grade/Teacher:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

2. Contact / Residential Information

Parent Name:	Phone Numbers:
Mailing Address: Unit # City Zip	Home ()
Student Residential Address (write SAME if same as mailing address):	Cell ()
	Work ()

3. Parents / Guardians - Must be Legal Guardians – all others should be listed as Emergency Contact below

1st Contact	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Legal Guardian (please specify) _____		
	Last Name:	First Name:	Home Phone:
	Address (write SAME if same as Student Residential Address):	Employer:	Work Phone: Cell Phone:
	Email:	Is an Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language? _____	

2nd Contact	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Legal Guardian (please specify) _____		
	Last Name:	First Name:	Home Phone:
	Address (write SAME if same as Student Residential Address):	Employer:	Work Phone: Cell Phone:
	Email:	Is an Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language? _____	

4. Emergency Contact (Persons who will care for / pick up student if parent cannot be reached) – must be over 18

Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____				
Name:	Home Phone:	Work Phone:	Cell Phone:	<input type="checkbox"/> Interpreter needed? Language _____
Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____				
Name:	Home Phone:	Work Phone:	Cell Phone:	<input type="checkbox"/> Interpreter needed? Language _____
Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____				
Name:	Home Phone:	Work Phone:	Cell Phone:	<input type="checkbox"/> Interpreter needed? Language _____

Is there anyone that may NOT pick up your child? (Name): _____

If so, does your child recognize this person and know they can't leave with them? (circle) YES NO

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Student name: _____ Grade: _____

5. Medical Information

Insurance: None Yes (Name of Insurance: _____ AHCCS) Physician: _____ Phone #: _____

Medications: _____

Allergies: Seasonal Medication allergies _____ Bee Insect Food _____ Other _____

Requires EpiPen

Emergency Care: **In case of serious illness or injury and a parent/guardian cannot be reached, I consent for my child to be taken to a hospital, by ambulance if necessary, for medical care. TUSD will not be responsible for any costs of such not covered by insurance.**

SIGNATURE OF PARENT/GUARDIAN: _____

6. Special Classes and Accommodation

Please check below any special classes or programs the student has participated in:

- English Language Development Gifted/Accelerated Program 504 Plan - Please provide a copy
 Special Education
 Resource Self-Contained Speech Therapy Occupational/Physical Therapy Other _____
 Student has a current IEP - Please provide a copy

7. Transportation

How will your child leave school? (Day Care pickup arrangements must be made by parents.)

- Pick-up **Child must be picked up by 4:30**
 Student is enrolled in KIDCO
 Late Bus (if eligible) **You must check here so we can notify transportation of the late bus request.**

Please list your child's bus route number _____ and cross streets for the bus stop _____

Students must meet eligibility guidelines as listed in Board Policy EEA (please see the TUSD website).

Parents of students who live outside of TUSD district boundaries are responsible for transportation.

Eligible students who need an alternate address must fill out an Alternate Address Form. Approval is contingent on existing bus routes.

- Other, explain _____

May your child use the internet in class? Yes No

Can we use photos of your child in promotional material for Borton & Borton 21st CCLC? Yes No

By signing this form you indicate you desire your child to participate in the After School Program. You also indicate that you understand that this is an academic and enrichment program, not "child care." You should discuss with your child that violations of program rules may result in their withdrawal from the program.

I understand that space in program is limited and my child MUST attend the program regularly. If my child has unexcused absences, they may not be allowed to continue in the program.



SIGNATURE OF PARENT/GUARDIAN

Date

Relationship to Student