



**Grand Forks Public Schools ENCORE
21st Century Community Learning Centers
Student Registration Form**

Name (Last, First)	Date of Birth Gender M F Ethnicity: _____ Do you have a 506 form on file <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	School Grade Teacher
	Is your child's primary language English? <input type="checkbox"/> Yes <input type="checkbox"/> No (If checked "No") Primary language:
Child lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both Parents <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian	

Is your child eligible for: free meals reduced meals full pay meals
* Please sign the release to allow ENCORE to verify meal status with child nutrition*

Is your child on an IEP or 504? No Yes _____ Case Manager:

Name (Last, First)	Date of Birth Gender M F Ethnicity: _____ Do you have a 506 form on file <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	School Grade Teacher
	Is your child's primary language English? <input type="checkbox"/> Yes <input type="checkbox"/> No (If checked "No") Primary language:
Child lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both Parents <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian	

Is your child on an IEP or 504? No Yes _____ Case Manager:

Name (Last, First)	Date of Birth Gender M F Ethnicity: _____ Do you have a 506 form on file <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	School Grade Teacher
	Is your child's primary language English? <input type="checkbox"/> Yes <input type="checkbox"/> No (If checked "No") Primary language:
Child lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both Parents <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian	

Is your child on an IEP or 504? No Yes _____ Case Manager:

Do you have an ACH Debit form on file for payment of ENCORE fees? Yes No
 *If yes, information that is on file will be used for paying ENCORE Fees
 * If no, please complete the attached form.

Parent/Guardian Information

Guardian 1:		Relation to Child:	
Employer:		Work Number:	
Cell:		Home Phone:	
E-Mail:			
Address if different from above:			
Monthly newsletters via email: <input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred method of contact:	
Guardian 2:		Relation to Child:	
Employer:		Work Number:	
Cell:		Home Phone:	
E-Mail:			
Address if different from above:			
Monthly newsletters via email: <input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred method of contact:	

Emergency Contact

Name:
Relationship:
Phone:

Can your child participate in all recreational activities? Yes No
 If no, what are his/her limitations?

Do you give ENCORE staff permission to photograph/audiotape your child for school projects, fun ENCORE activities, bulletin boards, etc? Yes No

PICK-UP PERMISSION

I hereby give permission for my child to leave the ENCORE with the following persons named below. It is the responsibility of the parent(s)/guardian to notify the ENCORE, in writing, of any changes.

<u>NAME</u>	<u>PHONE NUMBER/DAYTIME</u>
_____ Parent/Guardian	_____
_____ Parent/Guardian	_____
_____ Emergency Care Person	_____
_____ Other	_____
_____ Other	_____
_____ Other	_____

The following people are not allowed to pick up my child:
(Please be prepared to provide an explanation to Site Coordinators.)

Is your child allergic to any anything (including food items)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list:
Is your child on any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list:
Will your child need to take these medications at ENCORE? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, you will need to provide ENCORE staff with a signed medical authorization.)</i>
Does your child have any health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list & if necessary, indicate what protocols should be taken:
Required Signature: Parent/Guardian _____ Date _____