South Broward High School
21st Century Community Learning Centers
Broward County Public Schools
2018-2019 REGISTRATION

Participant Information

Last Name	First Name	Middle Name	Student ID	Gender
				☐ Male ☐ Female

Street Address	City	State	Zip Code

Birth Date	Age	Grade(2017-2018)	Country of Birth
____/____/________			☐ United States ☐ Other ____________

Parent/Legal Guardian Information

Full Name of Mother/Legal Guardian				Full name of Father/Legal Guardian		
Street Address (if different from participant)				Street Address (if different from participant)		
City	State	Zip		City	State	Zip
Home Phone		Mobile Phone		Home Phone	Mobile Phone	

Email Address:

Are there any custody issues? ☐ Yes ☐ No *If yes, please provide documentation to Ms. Claxton.*

Emergency Contact / Pick-Up Authorization

In the event that a parent/guardian cannot be reached in an emergency situation, the following individuals are provided consent for emergency contact and authorized participant pick up.

Contact Name	Relationship	Phone Number	Phone Number
1.			
2.			
3.			

Individuals *NOT AUTHORIZED* for pick up/participant contact:

1.	2.	3.

Student Dismissal

The 21st Century program dismisses students at times specific to site location. All locations follow sign out processes for students. Once a student signs out from program, they are no longer the responsibility of the 21st Century program and its affiliates.

Upon signing out from the program, my son/daughter will:

☐ Bus ☐ Car ☐Walk

For Office Use Only	Date Received:	Entry Date:	Entered by:

Community Resources

 Broward County **Public Schools**

Please indicate if you would like more information about:

- ☐ Food and Nutritional Assistance (EBT Program, WIC, Pantries)
- ☐ Health Insurance (Medicaid, Florida Kid Care)
- ☐ Employment (Workforce One, Job Fairs, Career Counseling)
- ☐ Counseling Services
- ☐ Financial Assistance/Financial Literacy
- ☐ Child Care Resource and Referrals

Student Demographic Information

The demographic information gathered herein is solely used for statistical purposes. Student information is kept confidential.

Household arrangement	Household income		Free or Reduced Lunch
☐ Both parents	☐ 0-9,9999	☐ 40,000-49,999	☐ Yes
☐ Single parent	☐ 10,000-19,999	☐ 50,000-69,9999	☐ No
☐ Other arrangement	☐ 20,000-29,999	☐ 70,000-99,999	**Ethnicity**
Number in Household: ____	☐ 30,000-39,999	☐ 100,000-over	☐ Yes, Spanish/Hispanic/Latino
			☐ No, Not Spanish/Hispanic/Latino

Language Spoken	Race	Cultural Influence
☐ Bilingual Creole/English	☐ African American/Black	☐ American
☐ Bilingual Spanish/English	☐ Asian	☐ British
☐ Creole	☐ American Indian or Alaska Native	☐ Central/South American-Hispanic
☐ English	☐ Caucasian/White	☐ Cuban
☐ Spanish	☐ Native Hawaiian or Pacific Islander	☐ German
	☐ Multiracial	☐ Haitian
		☐ Italian
		☐ Puerto Rican
		☐ West Indian
		☐ Other ________________

Medical Information

Name of Insurance Carrier and Plan Name		Family Physician
Carrier Phone	Insurance ID number	Physician Contact Phone

♿ Please list ADA Accommodations needed	Has the participant ever been diagnosed with or received treatment, attention, or advice from a physician for:
______________________________	☐ Allergies
______________________________	☐ Asthma
______________________________	☐ Diabetes
______________________________	☐ Epilepsy/Seizures
______________________________	☐ Serious headache/Migraine
______________________________	☐ Other ____________________

Please explain any medical issues stated above with treatment, attention, or advice from a physician

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Broward County Public Schools