2022 - 2023 Registration Form ~ 21ST Century Community Learning Center Ohio Community Schools

A partnership between Ohio Community Schools and the Bureau-Henry-Stark Regional Office of Education

| Student Name | Date of Birth |
|---|--|
| Grade: $\Box K \Box 1^{st} \Box 2^{nd} \Box 3^{n}$ | $\begin{array}{c c} \hline \textbf{Date of Birth} \\ \hline \textbf{fd} & \textbf{I}4^{th} & \textbf{I}5^{th} & \textbf{I}6^{th} & \textbf{I}7^{th} & \textbf{I}8^{th} & \textbf{I}9^{th} & \textbf{I}10^{th} & \textbf{I}11^{th} & \textbf{I}12^{th} \end{array}$ |
| Parent/Guardian Name | |
| Address | |
| Primary Phone # | Circle: home / cell / work |
| | Circle: home / cell / work |
| E-Mail | |
| | you? Text Call Email Other: |
| How will your child get home | e from the program? |
| □ Walk □ Drive □ Parent □ are) | Authorized Person pick-up (Please list who they |
| Do we have your permission to the second s | to transport your child for field trips or other program needs? |
| Do we have your permission | to acquire academic records from the school?? |
| Do we have your permission to • Yes • No | use photos/videos for publication purposes? |
| • • | to gather data through youth surveys and interviews (for ee which programs they would like to see offered)? |
| | ld has any physical limitations, chronic illness and/or food |
| Signature of Parent or Guard | lianDate |
| Please complete form and ret | curn to: Jacob Heidenreich, 21 st Century Site Coordinator Ohio Community Schools (815) 376-4414 jheidenreich@bhsroe.org |