

Norfolk Afterschool Initiative  
Model Middle School Afterschool Program



21<sup>st</sup> Century Community Learning Centers

Registration Form

**Program Site:** \_\_\_\_\_ Lake Taylor M.S. \_\_\_\_\_ Lafayette-Winona M. S. \_\_\_\_\_ Blair

**Student's First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Birthdate:** (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Race:** \_\_\_ Black \_\_\_ White \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Native American \_\_\_ Other **Gender:** \_\_\_ Male \_\_\_ Female  
(Optional)

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_ **Emerg. Phone #:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Mother's Work #:** \_\_\_\_\_

**Mother's Cell/Pager #:** \_\_\_\_\_ **Mother's Email:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Father's Work #:** \_\_\_\_\_

**Father's Cell/Pager #:** \_\_\_\_\_ **Father's Email:** \_\_\_\_\_

My child lives with: \_\_\_ Both Parents \_\_\_ Mother/Stepfather \_\_\_ Father/Stepmother \_\_\_ Mother Only \_\_\_ Institution-Child Care  
\_\_\_ Father Only \_\_\_ Other Relative \_\_\_ Foster Care \_\_\_ Group Home

**List all persons who have permission to pick up your child from the afterschool program:** \_\_\_\_\_

**List all persons who **do not** have permission to pick up your child from the afterschool program:** \_\_\_\_\_

List any fears, allergies, medical or special conditions that may affect his/her stay during the program or while being transported home. Please attach an explanation of any physical, emotional behavioral or medical condition, to this application. \_\_\_\_\_

Does this student currently receive free or reduced lunch at school? \_\_\_ Yes \_\_\_ No

Does your child need transportation home at the end of the afterschool program? \_\_\_ Yes \_\_\_ No

My child will: \_\_\_ Ride the bus home \_\_\_ Walk home \_\_\_ Be picked up by a car

\*If legal parents are separated or divorced, who has legal custody? \_\_\_ Mother \_\_\_ Father \_\_\_ Both Parents  
(\*Please attach copy of Custody Agreement) \_\_\_\_\_  
\_\_\_ Other