

Willmar Public Schools 2014-2015
PACT for Families 21st Century Community Learning Center (21st CCLC)
Parent Permission Form

Please read entire document and complete all sections.

STUDENT NAME (print): _____ **DOB** _____

21st CCLCenter: _____ **GRADE:** _____

Home address: _____

Parent/Guardian Name: _____ Parent's e-mail: _____

Home Phone: _____ Cell/Pager: _____

Mother's Work Phone: _____ Father's Work Phone: _____

EMERGENCY INFORMATION (If parent is not available):

Adult Contact: _____ Relationship to student: _____

Emergency Phone: _____ Cell/Pager: _____

HEALTH INFORMATION:

Allergies: Insect bites Food (please specify): _____

Other allergies: _____

My child has asthma My child has another condition that may need medical attention _____














Medications: _____

Continued participation in the 21st CCLC is contingent upon the student's attention to school behavioral guidelines. Student participation in the 21st CCLC may be denied and parents may be asked to pick up their child if the guidelines are not followed.

→ I, (student's signature) _____ understand and agree to follow my School District's **Student Rights and Responsibilities**, the 21st CCLC rules, and the 21st CCLC bus rules while participating in Learning Center activities.














I hereby grant permission for my child to participate in the 21st Century Community Learning Center program. I understand that participation by my child is completely voluntary, and that some of the planned physical activities may expose my child to some potential injury. I agree that, to my knowledge, my child is physically and medically able to participate in these activities. If any injuries do occur to my child, I also understand that school personnel will respond in the same manner that occurs during regular school hours.

→ Parent/Guardian Signature: _____ Date: _____

            
Bussing services are available for 21st CCLC activities. Please indicate whether your child will walk, be picked up by a parent, or ride home on the bus after the 21st CCLC sessions.

→ Walk Home Parent Pick-up Bus

In case of early closing due to inclement weather or emergency conditions, all 21st CCLC activities will be canceled and all bus students will be sent home on their regular buses.

            
I understand that individual and group photos of students may be taken, and these photos and products created by students may be used in marketing materials, publications, presentations, and/or the PACT for Families or your District's websites.

I give my permission for my child to be photographed and allow the 21st Century Community Learning Center to release said pictures and student work for publicity purposes only.

→ Yes No