

# S.T.E.A.M. @ DCPS 21<sup>st</sup> Community School Learning Centers Registration



**Site Location:** \_\_\_\_\_

## SECTION A: Student Information (please print clearly)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip Code

**\*Address for Afternoon Dismissal:** \_\_\_\_\_  
Street City, State Zip Code

Student's Home Phone#: \_\_\_\_\_ \*Dismissal Location Phone #: \_\_\_\_\_

## SECTION B: Parent/Guardian Information (please print clearly)

### Mother/Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City, State Zip Code

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

Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Father/ Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City, State Zip Code

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

Cell Phone#: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

## SECTION C: **EMERGENCY** Contact Information (please print clearly)

Please list additional contacts when parents/guardians **cannot be reached** or if your child needs to be picked up in case of an emergency

1) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Address: \_\_\_\_\_

### Office Use Only

Enrollment Date: \_\_\_\_\_

Dismissal Date: \_\_\_\_\_

Bus Number: \_\_\_\_\_

Reason De-Enrollment or Dismissal: \_\_\_\_\_

## Health Information

Does your child have an Individual Education Program? (IEP) YES \_\_\_\_\_ NO \_\_\_\_\_

Does your child have any restrictions with physical activities? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, Please provide details: \_\_\_\_\_

Does your child have any allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

Does your child have food allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

Does your child take any medications on a regular basis? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ How frequently? \_\_\_\_\_

Will this medication need to be given during program hours? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what time? \_\_\_\_\_

Are there any serious medical conditions that our staff should be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

Physician Information: To be contacted in case of **EMERGENCY** if other contacts **are not available**

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Insurance Information

Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Member # \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ (student)  
give authorization for his/her participation in the S.T.E.A.M. After School Program for Dorchester County Public Schools.

### I also agree to the following requirements of the S.T.E.A.M. Program

1. I have received and understand the policies and guidelines for the S.T.E.A.M. After School Program
2. I understand and give permission for my child to participate in academic evaluations and anonymous questionnaires as related to the requirements of the 21<sup>st</sup> Century Community Learning Center grant and the S.T.E.A.M. Program.
3. I declare that all information contained in this registration form is accurate and it is my responsibility to keep all information up to date.
4. In the event of an emergency, I authorize my child to be taken to the nearest hospital.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*S.T.E.A.M. Program at DCPS is funded by Maryland's 21<sup>st</sup> Century Grant. The Dorchester County Public School System does not discriminate on the basis of race, color, sex, age, national origin, religion or disability in matters affecting employment or in providing access to programs set forth in the General Education Provisions Act (GEPA)*

## Publicity

\_\_\_\_\_ **I give** my child permission to have their photograph taken during the after-school program and understand those pictures may be displayed on the program website, newsletter or other various media outlets.

\_\_\_\_\_ **I DO NOT give** my child permission to be photographed for any publicity purposes.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

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