



21<sup>ST</sup> CCLC



School: \_\_\_\_\_

**2021-2022 ICESC Afterschool Program Enrollment Information**

*Parents and caregivers please fill out the following information and return the completed form to your school's administrative office or mail to ICESC: 3737 N. Meridian St., Ste. 102, Indianapolis, IN 46208; one for each child.*

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

Student: \_\_\_\_\_ Student ID#: \_\_\_\_\_ State ID#: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Afterschool Teacher: \_\_\_\_\_

Gender: Female / Male Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Race/Ethnicity: Caucasian African American/Black Hispanic Asian Other: \_\_\_\_\_  
*Circle*

Services (Circle) : Virtual In-School

PARENT/GUARDIAN #1: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

LIVES WITH? \_\_\_\_ YES \_\_\_\_ NO

PARENT/GUARDIAN #2: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

LIVES WITH? \_\_\_\_ YES \_\_\_\_ NO

**Please list any current medications, medical conditions, recent injuries, food and/or drug allergies**

1. \_\_\_\_\_ 2. \_\_\_\_\_

Do the parents/guardian speak English?	YES	NO	SOME ENGLISH
If no, what language is spoken in the home?	_____		
Does your student:	1. Receive free or reduced lunch	YES	NO
	2. Participate in Gifted/Talent (GT)	YES	NO
	3. Limited English Proficiency (LEP)	YES	NO
	4. English Second Language (ESL)	YES	NO
	5. Special Education (SP)	YES	NO
Transportation:	_____ Pick-up	_____ Bus Rider	

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

In case of emergency, please notify:

<b>EMERGENCY CONTACTS:</b>	
1) Name:	_____
Phone:	_____
2) Name:	_____
Phone:	_____
<b>ADULTS AUTHORIZED TO PICK-UP CHILD:</b>	
1) _____	Phone # _____
2) _____	Phone # _____

Parents and legal guardians, please read carefully and sign for the ICESC After School Program. A parent or legal guardian's signature is required to participate in the program.

**For Emergency Treatment**

I authorize the **ICESC After School Program** and the **School** to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to **ICESC After School Program**, the **Indiana Department of Education**, and my child's **School**, in conjunction with any authorized event.

**General Media Release**

In consideration for being allowed participant privileges in any program of the **ICESC After School Program** and **School**, I hereby assume full responsibility for any posts of my child/ren on **ICESC's** social media platforms including Facebook and Twitter. Please check *yes* I do give consent to my child to be on **ICESC** social media or *no* I do not give consent.

YES     NO

**General Release of Liability**

In consideration for being allowed participant privileges in any program of the **ICESC After School Program**, the **Indiana Department of Education**, and **School**, I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless to **ICESC After School Program** and the **School**, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity I acknowledge that this General Release of Liability of the **ICESC After School Program** and the **school**, the **Indiana Department of Education**, and its partners is binding on me and my heirs, personal representatives, successors, and assigns.

Do you have access to a computer?

YES     NO

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_