



**Markham Elementary School
21st Century Community Learning Centers
Broward County Public Schools
2021-2022 Summer REGISTRATION FORM**



First Name					Middle Name		Last Name		Student ID		Birth Date ____/____/____	
Street Address					City			State		Zip Code		
Gender		Age	Grade		Country of Birth							
<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> United States <input type="checkbox"/> Other _____							

Parent/Legal Guardian Information

Full Name of Mother/Legal Guardian						Full name of Father/Legal Guardian					
Street Address (if different from participant)						Street Address (if different from participant)					
City		State		Zip		City		State		Zip	
Home Phone			Mobile Phone			Home Phone			Mobile Phone		
Email Address:											
Are there any custody issues? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide documentation to the center coordinator.</i>											

Emergency Contact / Pick-Up Authorization

In the event that a parent/guardian cannot be reached in an emergency situation, the following individuals are provided consent for emergency contact and authorized participant pick up.

Contact Name	Relationship	Phone Number	Phone Number
1.			
2.			
3.			
Individuals NOT AUTHORIZED for pick up/participant contact:			
1.	2.	3.	

Student Dismissal

The 21st Century program dismisses students at times specific to site location. All locations follow sign out processes for students. Once a student signs out from program, they are no longer the responsibility of the 21st Century program and its affiliates.

Upon signing out from the program, my son/daughter will:

- Bus Car Walk

For Office Use Only	Date Received:	Entry Date:	Entered by:



Student Demographic Information

The demographic information gathered herein is solely used for statistical purposes. Student information is kept confidential.

Ethnicity	Limited English Proficient (LEP) Status	ESE Disability Status	
<input type="checkbox"/> Asian or Pacific-Islander <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Multiracial <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Other	<input type="checkbox"/> LE – LEP Student <input type="checkbox"/> LE – LEP Follow Up (2 years) <input type="checkbox"/> LN – LEP, not enrolled in LEP Classes <input type="checkbox"/> LO – Other LEP Student <input type="checkbox"/> LP – Awaiting Testing <input type="checkbox"/> LY – LEP Enrolled <input type="checkbox"/> LZ – LEP Follow Up (Completed) <input type="checkbox"/> N- NO (FDOE code not available) <input type="checkbox"/> Y – YES (FDOE code not available) <input type="checkbox"/> ZZ – NA/Not LEP	<input type="checkbox"/> C-Orthopedically Impaired <input type="checkbox"/> D-Occupational Therapy <input type="checkbox"/> E-Physical Therapy <input type="checkbox"/> F-Speech Impaired <input type="checkbox"/> G-Language Impaired <input type="checkbox"/> H-Hearing Impaired <input type="checkbox"/> I-Visually Impaired <input type="checkbox"/> J Emotional –Behavioral Disability <input type="checkbox"/> K Specific Learning Disability <input type="checkbox"/> L-Gifted <input type="checkbox"/> M-Hospital/ Homebound <input type="checkbox"/> N –No (FDOE code not available) <input type="checkbox"/> O-Dual Sensory Impaired	<input type="checkbox"/> P-Autism Spectrum Disorder <input type="checkbox"/> S-Traumatic Brain Injury <input type="checkbox"/> T-Developmentally Delayed <input type="checkbox"/> U-Established Conditions <input type="checkbox"/> V-Other Health Impaired <input type="checkbox"/> W-Intellectual Disability <input type="checkbox"/> Y-YES(FDOE code not available) <input type="checkbox"/> Z-Not Applicable
Homeless Status	Lunch Status	Household Status	
<input type="checkbox"/> 1 – Living in emergency or transitional housing <input type="checkbox"/> 2 – Sharing the housing of other persons <input type="checkbox"/> 3 – Living in cars, parks, public places or similar settings <input type="checkbox"/> 4- Living in hotels or motels <input type="checkbox"/> 5 – Primary nighttime residence is unknown <input type="checkbox"/> 6- No (FDOE code not available) <input type="checkbox"/> 7 – Yes (FDOE code not available)	<input type="checkbox"/> 0 – Did not apply <input type="checkbox"/> 1- Applied, is not eligible <input type="checkbox"/> 2 – Eligible for free lunch <input type="checkbox"/> 3-Eligible for reduced-priced lunch <input type="checkbox"/> 4-Enrolled in USDA approved Provision 2 school <input type="checkbox"/> 6 – Eligible for free meals, but declined <input type="checkbox"/> 9-Eligible for free meals, direct certification <input type="checkbox"/> N – No (FDOE code not available) <input type="checkbox"/> Yes (FDOE code not available) <input type="checkbox"/> Z- Unknown <input type="checkbox"/> C – Community Eligibility Provision School	<input type="checkbox"/> Student lives with both parents <input type="checkbox"/> Student lives with his/her mother <input type="checkbox"/> Student lives with his/her father <input type="checkbox"/> Unknown	

Medical Information

Name of Insurance Carrier and Plan Name	Family Physician	
Carrier Phone	Insurance ID number	Physician Contact Phone
Please list ADA Accommodations needed		Has the participant ever been diagnosed with or received treatment, attention, or advice from a physician for:
_____ _____ _____ _____ _____ _____		<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Serious headache/Migraine <input type="checkbox"/> Other _____
Please explain any medical issues stated above with treatment, attention, or advice from a physician		
Signature: _____		Date: _____

