Olsen Middle School
21st Century Community Learning Centers
Broward County Public Schools
2018-2019 REGISTRATION FORM

Participant Information

Last Name	First Name	Middle Name	Student ID	Gender
				☐ Male ☐ Female

Street Address	City	State	Zip Code

Birth Date	Age	Grade	Country of Birth
____/____/_____			☐ United States ☐ 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? ☐ Yes ☐ No *If yes, please provide documentation to the center coordinator*.

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:

Broward County Public Schools

Community Resources

Please indicate if you would like more information about:

- ☐ Food and Nutritional Assistance (EBT Program, WIC, Pantries)
- ☐ Health Insurance (Medicaid, Florida Kid Care)
- ☐ Employment (Workforce One, Job Fairs, Career Counseling)
- ☐ Counseling Services
- ☐ Financial Assistance/Financial Literacy
- ☐ Child Care Resource and Referrals

Student Demographic Information

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

Household arrangement	Household income	Free or Reduced Lunch
☐ Both parents ☐ Single parent ☐ Other arrangement Number in Household: ____	☐ 0-9,9999 ☐ 40,000-49,999 ☐ 10,000-19,999 ☐ 50,000-69,9999 ☐ 20,000-29,999 ☐ 70,000-99,999 ☐ 30,000-39,999 ☐ 100,000-over	☐ Yes ☐ No **Ethnicity** ☐ Yes, Spanish/Hispanic/Latino ☐ No, Not Spanish/Hispanic/Latino
Language Spoken	**Race**	**Cultural Influence**
☐ Bilingual Creole/English ☐ Bilingual Spanish/English ☐ Creole ☐ English ☐ Spanish	☐ African American/Black ☐ Asian ☐ American Indian or Alaska Native ☐ Caucasian/White ☐ Native Hawaiian or Pacific Islander ☐ Multiracial	☐ American ☐ British ☐ Central/South American-Hispanic ☐ Cuban ☐ German ☐ Haitian ☐ Italian ☐ Puerto Rican ☐ West Indian ☐ Other _____

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:
_____ _____ _____ _____ _____ _____	☐ Allergies ☐ Asthma ☐ Diabetes ☐ Epilepsy/Seizures ☐ Serious headache/Migraine ☐ Other _____

Please explain any medical issues stated above with treatment, attention, or advice from a physician

_____

Signature:_____ Date:_____

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