

21st Century Community Learning Center at
CCMS

“Club 21”

Extended Learning Services

Monday–Friday 2:15pm to 5:15pm

Starts September 2nd



Name _____

Date of Birth _____ Grade _____

Guardian Information Please note that the individuals listed
in this space will be permitted to sign the child out.

Mother _____ Father _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Bus Transportation Home Yes _____ No _____

Pick up Authorization Please include everyone who has permission
to pick up the above student. Please fill out completely.

Name	Relationship to Student	Phone Number(s)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Participation Days _____ M _____ T _____ W _____ TH _____ F

Health Conditions _____

Consent to Photograph _____ Y _____ N