

**Northwest Buffalo Community Center    21<sup>st</sup> Century Community Learning Centers**  
**Westminster Community Charter School**  
**AFTER-SCHOOL PROGRAM 2021-2022**  
**Application and Agreement**

**Student Information (PLEASE PRINT CLEARLY)**

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Gender: [  ] Female [  ] Male    Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Ethnicity: [  ] White [  ] African American [  ] Hispanic [  ] Asian [  ] Other \_\_\_\_\_  
 Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Parent / Guardian Information**

**Name**  
 Mother / Guardian: \_\_\_\_\_  
 Father / Guardian: \_\_\_\_\_

**Street Address (if different from above)**  
 Mother / Guardian \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Father / Guardian \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Phone Numbers**  
 Mother: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Father: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Parent Classes**

If you are interested in learning about a variety of programs offered by the 21<sup>st</sup> Century Community Learning Centers and the Northwest Buffalo Community Center, which address the needs of parents, including but not limited to, *Taxes, GED Classes, Reading Skills Improvement, and Employment Assistance*, please check the below box and provide an e-mail address for future information.

[  ] YES I want information regarding parent classes

e-mail address \_\_\_\_\_

The Northwest Buffalo Community Center, the 21<sup>st</sup> Century Community Learning Center, nor its affiliates are responsible for loss or damage to student's possessions during the course of this program. Additionally, the NWBCC and its associates are to be released from any claim from accident and/or injury to my child during his/her participation in the program.

Permission for my child to be part of this program includes my permission for the NWBCC and its associates to access my child's records for the sole purpose of data collection for the Department of Education, in accordance with continued funding of the program. I give consent for my child to be photographed for educational and promotional materials and any other lawful purpose.

**Emergency Contact Information**

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

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

Phone Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**Medical / Health Information**

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

Family Doctor: \_\_\_\_\_ Tel. \_\_\_\_\_

Health History – Please check whether your child has a history of any of the following medical conditions/requirements:

Ear Infections       Asthma       Convulsions       Stomach Upsets / Ulcers

Heart Condition       Diabetes

Other: \_\_\_\_\_

Allergies (Please List) \_\_\_\_\_

Special Diet (Please List) \_\_\_\_\_

Physical or medical restrictions or limitations to your child's physical activities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

**Disclaimer**

This health information is accurate and correct insofar as I know. My child has permission to engage in all activities of the after-school program.

In the event of an emergency and I cannot be reached, I authorize the Northwest Buffalo Community Center 21<sup>st</sup> Century Community Learning Center and its agents to seek proper medical treatment for my child. This authorization shall extend to and include hospitalization and/or first aid where / when necessary.

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

\_\_\_\_\_  
Date

**THERE IS NO TRANSPORTATION HOME FROM THE AFTERSCHOOL PROGRAM**

Authorized Individuals, other than Parent(s) and/or Guardian for Student Pick-Up (please print)

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

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

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

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

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

Please list if there are any individuals who specifically do NOT have authorization to pick-up your child:

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

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

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

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

\_\_\_\_\_  
Date