



Example Registration Form

Example Student Registration Form for an Inclusive Environment.

21st CCLC REGISTRATION/QUESTIONNAIRE FORM

STUDENT INFORMATION

Student Name _____ ID# _____

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

What school does your student attend? _____

In what grade level is your student?

<input type="radio"/> PK	<input type="radio"/> 4 th	<input type="radio"/> 9 th
<input type="radio"/> K	<input type="radio"/> 5 th	<input type="radio"/> 10 th
<input type="radio"/> 1 st	<input type="radio"/> 6 th	<input type="radio"/> 11 th
<input type="radio"/> 2 nd	<input type="radio"/> 7 th	<input type="radio"/> 12 th
<input type="radio"/> 3 rd	<input type="radio"/> 8 th	

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1: Name _____

Home Phone _____ Work/Cell Phone _____

Email (For Confirmation/Reminder) _____

Parent/Guardian 2: Name _____

Home Phone _____ Work/Cell Phone _____

Email (For Confirmation/Reminder) _____

EMERGENCY CONTACT INFORMATION

Emergency Contact 1: Name: _____

Emergency Phone _____ Alternate Phone _____

Relationship to Student _____

Emergency Contact 2: Name: _____

Emergency Phone _____ Alternate Phone _____





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Relationship to Student _____

MEDICAL INFORMATION

Does your student have a life-threatening health condition? YES NO

If yes, please explain _____

Does your student need medication at school? YES NO

If yes, please explain _____

Does your student have any other medical issues of which we need to be aware? YES NO

If yes, please explain _____

ENROLLMENT INFORMATION

1. Aside from the 21st CCLC program, is your student involved in any other out-of-school time activities?

- Academic enrichment program
- Church group
- Dance
- Martial Arts
- Music
- Special interest club (e.g. sewing club)
- Sports team (e.g. soccer)
- Other _____

2. What are the most important features you are looking for in an afterschool program? Choose all that apply.

- Academic support
- Extracurricular activities
- Help with homework
- Opportunity for physical activity
- Safety and care
- Snacks
- Social environment
- Special events

3. Which of the following activities is your student most interested in? Choose all that apply.

- Art
- Chess
- Computers
- Cooking
- Dance
- Math
- Music
- STEM
- Reading/ Writing
- Social Studies
- Sports
- Other



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4. Which of the following forms of communication would you like to receive from the 21st CCLC program? Choose all that apply.
- Flyers
 - Emails
 - Social media messages
 - Newsletters
 - Phone calls/ voicemails
 - Text messages
 - Other _____
5. Why did you decide to enroll your student in the 21st CCLC program? Choose all that apply.
- I have student care needs that the program satisfies.
 - I received a flyer or other advertisement about the program.
 - My student has friends or family members in the program.
 - My student wanted to be in the program.
 - My student was in the program last year.
 - Recommendation made by another parent.
 - Recommendation made by my student's teacher or school administrator.
 - The program is free.
 - Other _____





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ABOUT YOUR STUDENT

We are looking forward to getting to know your child! Please use this chart to share information about him or her in each of the areas listed. Under “strengths” please describe your child’s self-management abilities. Then be sure to include how we can support them. Please also let us know how we can be consistent with any positive reinforcement or redirection strategies that work at home.

ABOUT MY STUDENT: _____ Name	
Behavioral	Strengths:
	How we can support:
	Strategies:
Social and Emotional	Strengths:
	How we can support:
	Strategies:





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Physical	Strengths:
	How we can support:
	Strategies:
Cognitive	Strengths:
	How we can support:
	Strategies: