



**21st Century Learning Centers/ Base Camp II  
REGISTRATION FORM 2009-2010**

**RETURN COMPLETED FORM TO THE SCHOOL OFFICE**

**ALL SECTIONS MUST BE COMPLETED**

<b>Please Print</b>			
FIRST Name:	MIDDLE Name:	LAST Name:	DATE OF BIRTH
Home Address:		Home Tel.#:	Cell Ph#:
Email Address:	GRADE	Homeroom Teacher	
Parent/Guardian full name:	Place of work and address:	Work Ph #:	
Emergency Contact:	Relation to Student:	Emergency Telephone #:	

**THIS IS NOT A DROP- IN PROGRAM. If you require a change in enrollment, please contact the Learning Center Coordinator.**  
**THE CENTER IS OPEN MONDAY – FRIDAY**

**TRANSPORTATION POLICY**

*Students will be dismissed at 6:10pm*

I AM REQUESTING BUS TRANSPORTATION TO  HOME  SPECIFY \_\_\_\_\_

MY CHILD WILL BE PICKED UP AT THE LEARNING CENTER

Name of Responsible Adult: \_\_\_\_\_

Telephone #: \_\_\_\_\_

MY CHILD WILL WALK HOME

**If transportation arrangements change a written note from parent will be accepted.**

PAGE TWO – MEDICAL INFORMATION

*Is there a document of a physical exam, immunization and lead screening on file at your child's school?*  YES  NO If no, a record must be provided before a child may enroll.

*Physician:* \_\_\_\_\_ *Address* \_\_\_\_\_ *Phone:* \_\_\_\_\_

*Dentist:* \_\_\_\_\_ *Address:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

*Health Ins. Provider:* \_\_\_\_\_ *Subscriber:* \_\_\_\_\_ *I.D. #* \_\_\_\_\_

Please check or state any health problems or disabilities that the school nurse should be aware of:

- Allergies to insect bites-insect type \_\_\_\_\_  Requires Epi Pen  Requires Benadryl
- Allergies to food – What food? \_\_\_\_\_  Requires Epi Pen
- Allergies to medications – Name? \_\_\_\_\_ Reaction? \_\_\_\_\_
- Ashma – Will you provide the school nurse with an inhaler?  Yes  No Nebulizer?  Yes  No
- Diabetes  Heart Problem? Specify \_\_\_\_\_  Seizure Disorder

Does your child wear?  Glasses:  Full  Part-time  Hearing Aides:  Bilat  Right  Left

***\*If your child requires medication administration, diabetic monitoring, Epi Pens, Inhalers or has severe allergies please contact Learning Center Coordinator immediately.***

Other: Please Give Details: \_\_\_\_\_

**I give permission for staff to administer the following over the counter medications:**

- Sunscreen  Vaseline  Bactine  Calamine Lotion

***Signature of Parent/Guardian:* \_\_\_\_\_ *DATE:* \_\_\_\_\_**  
***Signature of parent/guardian is required for registration***

***In case of an emergency, a staff member from 21<sup>st</sup> Century/BASE Camp Program will contact you immediately.***

**Emergency Release Form - Separate signature needed**

In case of accident, if I cannot be reached, I give permission for BASE Camp Summer staff to contact my child's physician and follow her/his instructions. If neither my child's physician, nor I are available, I give permission to bring my child to the nearest emergency facility to be treated by the physician on duty. I authorize the BASE Camp staff to administer first aid as appropriate.

***In extreme emergency, I give permission for medical treatment, general anesthesia, and surgery where necessary.***

***This Signature is valid for one year from signed date:***

**Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAGE THREE - SIGNATURE PAGES Continued**

**FIELD TRIP AND MEDIA PUBLICATIONS PERMISSION:**

I give permission for my child to participate in all of the regularly scheduled; on-going activities located at off-site facilities such as local parks, playgrounds, libraries, Wings of Eagles Discovery Center, and local businesses?

YES     NO

I give permission to BASE Camp Programs to take videos/pictures that may include my child and might be used in publications (e.g. newspaper stories, newsletters/publications, local access television, 21<sup>st</sup> Century website).

YES     NO

**21<sup>st</sup> Century Electronic Student Management System:**

*I understand by enrolling my child into a 21<sup>st</sup> Century Learning Center/BASE Camp program, my child will be part of an electronic Student Management System that complies with full confidentiality and "Acceptable Use Policies" of the Campbell-Savona Central School.*

**Signature of Parent/Guardian:** \_\_\_\_\_

***\*Parent/Guardian Behavior Agreement: (signature required for enrollment)***

All students must observe and adhere to positive and acceptable behaviors as outlined in the school's handbook. This includes positive behaviors during the out-of-school time program and while riding the bus. Once program activities have begun, no student is allowed to leave the building except by permission of the BASE Camp Coordinator via parent request. A child's termination or suspension from 21<sup>st</sup> Century/BASE Camp program is at the discretion of the 21<sup>st</sup> Century/BASE Camp program administration. 21<sup>st</sup> Century/BASE Camp is not an entitlement program but a service provided for children and families in the community.

**\*I have read the above statement and agree to its contents:**

**Signature of Parent/Guardian:** \_\_\_\_\_

**DO NOT SEND YOUR CHILD TO PROGRAM UNLESS NOTIFIED OF ENROLLMENT STATUS BY  
LEARNING CENTER COORDINATOR**

For more information contact:  
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Campbell Savona Central School, 8455 Cty. Rte. 125, Campbell, NY 14821  
607-527-9880; cell 607-857-5479

**Community Partners:** Greater Southern Tier BOCES, Career Development Council, Wings of eagles Discovery Center, Friends of the Addison Youth Center, Cornell University, Glove House, 171 Cedar Arts Center, Cornell cooperative Extension of Steuben County, American Red Cross,

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