

Pennsylvania Nita M. Lowey
21st Century Community
Learning Centers Program



Funded in full or in part with a
federal USDE grant provided by
the PA Department of Education



21st Century Community Learning Centers (CCLC)

SEPTEMBER 2023 Afterschool Registration and Parental Permission Form

Afterschool Program Location: Albert Gallatin South Middle School

Grades: 6 - 8

Dates: September 5, 2023 - September 28, 2023 (Open Enrollment, join anytime!)

When: Monday – Thursday (3:00-6:00pm)

Price: FREE to attend with FREE transportation!

Student Name: _____

2023-2024 Grade Level: _____

Primary Parent(s)/Guardian(s): _____

Address: _____

Bus Dropoff (if different): _____

Parent/Guardian Phone Numbers (cell/home):

Name _____ **Number:** _____

Name _____ **Number:** _____

Email: _____

Other approved individuals authorized to pick student up:

Emergency Contact/Phone:

Name _____ **Number:** _____

Name _____ **Number:** _____

Does your child have any allergies (food, bee stings, etc.)? Yes _____ No _____

If yes please list all allergies: _____

I want my child to be transported by bus from the program: Yes _____ No _____

I will transport my child from the program: Yes _____ No _____

My child is allowed to walk home: Yes _____ No _____

Is your child permitted to be photographed? Yes _____ No _____

What days will your child attend the program? Mon Tues Wed Thur

To participate in the 21st Century Afterschool Program through Albert Gallatin School District at Albert Gallatin South Middle School. I give permission for pertinent information from my child's academic and attendance records to be used in assisting 21st CCLC tailor the program to fit the academic needs of students participating in the program. This includes 1st, 2nd, 3rd, and 4th Nine Weeks Report Cards, Discipline Reports, PSSA test scores, local level test scores, PASecureID, and Individualized Education Programs (IEPs). Your signature also allows our External Evaluator, Stacey Papa, to use the student academic and attendance records listed above to provide external evaluation services. All student information will be kept confidential.

Your signature also indicates your understanding that students are bound by the same Internet policy as during the school day.

Parent/Guardian (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Please return to Albert Gallatin South Middle School. Students are eligible to enroll throughout the month. Please contact Ashley Deurlein at adeurlein@eeucc.org or 412-714-6586 with any questions.