

Pennsylvania Nita M. Lowey  
21<sup>st</sup> Century Community  
Learning Centers Program



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



## 21<sup>st</sup> Century Community Learning Centers (CCLC)

### SEPTEMBER 2023 Afterschool Registration and Parental Permission Form

**Afterschool Program Location: Albert Gallatin South Middle School**

**(AGN Students should take the Activity Bus to AGS at Dismissal)**

**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 21<sup>st</sup> 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 21<sup>st</sup> CCLC tailor the program to fit the academic needs of students participating in the program. This includes 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Nine Weeks Report Cards, Discipline Reports, PSSA test scores, local level test scores, PAsSecureID, 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](mailto:adeurlein@eeucc.org) or 412-714-6586 with any questions.