

**CLIPPER CLUB   
REGISTRATION FORM**  
Knapp Elementary School  
United Way of Racine County CLC Site  
2017-18 School Year

**ALL SECTIONS MUST BE COMPLETED TO ENROLL YOUR STUDENT.**

1. **SCHEDULE**
   * Clipper Club is offered at Knapp Elementary School, Monday – Friday, 2:05-5:00pm.
   * This program is FREE for ALL Knapp students.

**My child will attend Clipper Club on (please circle all days that your child will attend):**

Monday Tuesday Wednesday Thursday Friday

**My child will participate in the FREE student dinner program offered on Tuesdays & Thursdays.** \_\_\_YES \_\_\_NO

1. **STUDENT INFORMATION**

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

Last First Middle

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_ (ex. 5/18/2008) **Gender:** Male Female

**Age:** \_\_\_\_\_\_ **Grade Level** **(circle one):** K 1st 2nd 3rd 4th 5th

**Does your child have any restrictions on activity?**  \_\_\_\_\_NO \_\_\_\_\_YES

*If yes, please explain:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My child has special needs that require additional assistance/special accommodations to participate in Clipper Club.** \_\_\_\_\_\_ YES \_\_\_\_\_ NO

**My child has an accommodation plan (IEP or 504).** \_\_\_\_\_YES \_\_\_\_\_NO

* If you have indicated your child requires additional assistance/special accommodations to participate, reasonable accommodations will be provided to ensure access to the program unless doing so would impose undue financial hardship. If removal from the program is warranted due to unsafe behaviors, an IEP team or 504 meeting will be convened to discuss possible removal or further reasonable accommodations.

1. **PARENT/GUARDIAN INFORMATION**

**Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Street Apt # City/State Zip

**Home #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TURN OVER TO COMPLETE SECOND PAGE**

**CLIPPER CLUB   
REGISTRATION FORM – page 2**  
Knapp Elementary School  
United Way of Racine County CLC Site  
2017-18 School Year

**ALL SECTIONS MUST BE COMPLETED TO ENROLL YOUR STUDENT.**

1. **ADDITIONAL EMERGENCY CONTACT INFORMATION**

1st Contact’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick-up Child: \_\_\_\_\_YES \_\_\_\_\_NO

2nd Contact’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick-up Child: \_\_\_\_\_YES \_\_\_\_\_NO

Check box if **legal restrictions** are in effect. List person(s) NOT permitted to contact or pick up student per legal restrictions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clipper Club Participation Agreement – please read carefully. Must be completed by parent/guardian.**

I hereby give permission for my child listed on this form to take part in the activities, which may include off-site events, academic assistance, continuing education and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the child and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. I agree that if a health condition exists now or in the future which would impact the participation of my child listed on the front, I will notify staff immediately. I give my consent to the program to share my child’s records, including attendance, academic records, student number, school transcript, report cards, demographics statistical data, standardized test results, for purposes of educational support and assistance. In addition, I understand that the program may use my child’s records to evaluate individual progress and improvement, as well as to evaluate the overall impact of the program to obtain continued funding for the program. I give my informed consent and permission for staff to collect and report data about my child that may include but is not restricted to surveys and/or interviews about his/her knowledge, attitude, skills and behaviors in regards to his/her academic development and personal interests. I understand that even though Clipper Club is offered at no cost to my child or family, there are expectations that must be met to ensure continued participation. I understand that any behavior concerns will be brought to my attention by Clipper Club staff, and I am responsible to work with Clipper Club staff to ensure that my child is meeting expectations. I understand that repeated offenses may result in my child’s removal from the program. I also understand that I am expected to pick my child up promptly at the end of the program, and if I cannot be reached with-in 30 minutes of program end time, that program staff may call the police for assistance in escorting my child safely home. I understand that if my child is habitually picked up late that this may result in my child’s removal from the program. I hereby certify that I have read and understand the above information:

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation Home** (check one)\*:

* Picked up (signed out by approved contact)
* Walk home (signed permission from parent)

\*NO child will be allowed to walk home during daylight savings (Nov-Feb)

**Photograph Consent**

I give consent to take my child’s photograph during program activities, to be used for educational and public relations purposes.

\_\_\_\_\_ YES \_\_\_\_\_NO

**Student lives with** (check one):

* Both parents
* Single parent – father
* Single parent – mother
* Joint Custody
* Grandparents
* Guardians
* Foster Care
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_