

## Park Forest-Chicago Heights School District 163 21st CCLC After School Program 2<sup>nd</sup> – 8<sup>th</sup> Grade 2022-23 Student Registration



| Student's Name  | Current Grade         |
|---|-----------------------|
|   | School:               |
|   | Homeroom Teacher:     |
| Address   |                       |
| City/State/Zip Code   |                       |
| Home Phone Number   |                       |
| Parent/Guardian's Name  | Work Number           |
|   | Cell Number           |
| List any medical conditions or other special concerns:  |                       |
|   |                       |
| Parent Email  |                       |
| In case of emergency contact:   |                       |
| Emergency Name  | Relationship to Child |
| Home/Cell Number  | Work Number           |
| Emergency Name #2   | Relationship to Child |
| Home/Cell Number  | Work Number           |
| I give permission for my child's photograph to be taken during the X-<br>STEAM program & used for education purposes        | YesNo                 |
| I have read the Use of the Internet Policy and Chromebook Usage<br>Guidelines and agree to follow the rules and regulations | YesNo                 |