



**Kearney Community Learning Center
2019-20 Middle School Enrollment Form
(Please fill out front and back side.)**

Please mail to:
Kearney Community Learning Center
320 West 24th St.
Kearney, Nebraska 68848
Phone: 308-698-8053 Fax: 308-698-8001

Today's Date: _____ First Date of Attendance: _____
Student's Last Name (Please use student's legal name) First Middle

Birth Date: _____ Age: _____ Sex: _____ 2019-20 Grade: _____
Street Address: (where child resides everyday) City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____
Best Time To Call: _____ Best Time To Call: _____
Father's Last/First Name Mother's Last/First Name Guardian's Last/First Name

Adult with whom student lives: Mother Father Guardian Step Father/Mother Other
(Please complete information on all the following that apply to your family status)

Father's Employer: _____ Employer's Phone No.: _____
Employer's Address: _____ Best Time To Call: _____
Mother's Employer: _____ Employer's Phone No.: _____
Employer Address: _____ Best Time To Call: _____
Guardian's Employer: _____ Employer's Phone No.: _____
Employer's Address: _____ Best Time to Call: _____

Is there a legal document to keep on file regarding child custody or parent rights? Yes No
(If "yes", please provide a copy of document)

Ethnicity (Check area that best describes your child. Required for State/Federal Forms):

American Indian/Alaska Native Asian or Pacific Islander White/Not Hispanic
 Black/Not Hispanic Hispanic Comments: _____

Programs in which this student has participated in the past:

Special Education Title I Reading Alternative Education English Language Learners
 High Ability Learners Option-In (From another District) Headstart None

Emergency Information (REQUIRED) Please list two emergency contacts other than parent/guardian:

Name: _____ Relationship to Child: _____ Phone No. _____
Name: _____ Relationship to Child: _____ Phone No. _____

In addition to emergency contacts, please specify individuals who are authorized to check out your child from KCLC:

MEDICAL INFORMATION (REQUIRED):

Please list any medical conditions including illnesses, conditions affecting health, allergies to foods or medications, any special accommodations needed and any medications your child regularly takes:

Special accommodations: _____

Does your child require medication during after school hours? Yes No (if Yes please list) _____

If it is necessary to give your child medications, do you give permission to the staff to give medications in line with Kearney Public Schools policy and procedures? Yes No: Please initial: _____

____My student will participate in the **FREE** homework session provided by KCLC Staff & KPS teachers from **3:15-4:30**.
(Please place a mark by the days that your student will attend the FREE homework session.)

____Monday ____Tuesday ____Wednesday ____Thursday ____Friday

At the conclusion of **the homework session**, my student will: (Please put a mark by the appropriate answer.)

____Walk home @ 4:30 p.m. or _____ (Is there a time before 4:30p.m. that you would like for your student to leave?)

____Be picked up by a parent/guardian @ 4:30 p.m. (Please mark how you would like your student to be check out.)

____I will come in to sign my student out.

____I will call to let KCLC staff know that I am outside to pick up my student.

____Participate in the enrichment classes provided by the KCLC staff from **4:30-6:00** (Charges may apply based on financial qualifications)

At the conclusion of the **enrichment classes**, my student will: (Please put a mark by the appropriate answer.)

____Walk home @ 6:00 p.m. or _____ (Is there a time before 6:00 p.m. that you would like for your student to leave?)

____Be picked up by a parent/guardian (Please mark how you would like your student to be check out.)

____I will come in to sign my student out.

____I will call to let KCLC staff know that I am outside to pick up my student.

OTHER

YES NO

- I give permission for my child to be enrolled in programs and activities, on and off school campus.
- I give permission to the KCLC staff to photograph my son/daughter for use on the school website, Facebook page, or promotional material for the program.
- I give staff permission to transport my child to program activities and for medical care purposes.
- I give permission for staff to give and receive necessary information about my child with KPS, partners, and evaluators to assist with providing the best program experience for my child.
- If my child walks home from the KCLC program, I understand that KCLC is no longer responsible for the care of my child after they are signed out of the program.

I acknowledge that I have received, read, and understand the KCLC student conduct handbook. I have received a copy of the DHHS parent information brochure for licensed childcare.

Parent Signature: _____ Date: _____

***Please mail in or walk in registration to the address on the front page. Please allow one week for processing. To confirm registration and first date of attendance, please call 308-698-8053. WE WILL NOT CONTACT YOU UNLESS THERE IS NO ROOM FOR YOUR STUDENT. If you are covered by HHS for childcare, it is your responsibility to contact your caseworker and arrange for an authorization of services to be sent to our office.**