



**Grand Forks Public Schools ENCORE  
21<sup>st</sup> Century Community Learning Centers  
Student Registration Form**

Name (Last, First)	Date of Birth	Gender M    F
Address	School	Grade      Teacher
	Is your child's primary language English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Child lives with:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both Parents <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian		

**Ethnicity (check one)**

<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian or Alaskan Native \ Do you have a 506 form on file <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other		

Is your child eligible for: <input type="checkbox"/> free meals <input type="checkbox"/> reduced meals <input type="checkbox"/> full pay meals * Please sign the release to allow ENCORE to verify meal status with child nutrition*
Is your child on an IEP or 504? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Case Manager:

Do you have an ACH Debit form on file for payment of ENCORE fees? <input type="checkbox"/> Yes <input type="checkbox"/> No * If yes, information that is on file will be used for paying ENCORE Fees * If no, please complete the attached form.
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**Parent/Guardian Information**

<b>Guardian 1:</b>	<b>Relation to Child:</b>
Employer:	Work Number:
Cell:	Home Phone:
E-Mail:	
Monthly newsletters via email: <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred method of contact:
<b>Guardian 2:</b>	<b>Relation to Child:</b>
Employer:	Work Number:
Cell:	Home Phone:
E-Mail:	
Monthly newsletters via email: <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred method of contact:

**Emergency Contact**

Name:	Relationship:
Phone:	

Can your child participate in all recreational activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If no, what are his/her limitations?

Do you give ENCORE staff permission to photograph/audiotape your child for school projects, fun ENCORE activities, bulletin boards, etc?  Yes  No

**PICK-UP PERMISSION**

*I hereby give permission for my child to leave the ENCORE with the following persons named below. It is the responsibility of the parent(s)/guardian to notify the ENCORE, in writing, of any changes.*

NAME

PHONE NUMBER/DAYTIME

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Emergency Care Person

\_\_\_\_\_  
Other

\_\_\_\_\_  
Other

\_\_\_\_\_  
Other

**The following people are not allowed to pick up my child:**  
(Please be prepared to provide an explanation to Site Coordinators.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child allergic to any anything (including food items)?  Yes  No

Please list:

Is your child on any medications?  Yes  No

Please list:

Will your child need to take these medications at ENCORE?  Yes  No

*(If yes, you will need to provide ENCORE staff with a signed medical authorization.)*

Does your child have any health problems?  Yes  No

Please list & if necessary, indicate what protocols should be taken:

**Required Signature: (If divorced, but shared custody, both parents must sign.)**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

