LAPWAI MIDDLE/HIGH AFTERSCHOOL/SUMMER PROGRAM REGISTRATION

2026-2027

Please complete both sides of this form.

Student Full Legal Name: _____ Gender: _____

Birthdate: _____ Current Grade: _____

Student Resides with: Mother _____ Father _____ Both _____ Other _____

Household Parent 1: _____ Relationship to Student: _____

Email Address: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Message Phone: _____

Employer: _____ Work Phone: _____

Household Parent 2: _____ Relationship to Student: _____

Email Address: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Message Phone: _____

Employer: _____ Work Phone: _____

Transportation (Please Circle):

Bus to School Bus Home from School Picked Up Walk Other: _____

*Registered students will be considered full-time participants. Changes to daily attendance and/or transportation not documented below will require guardians to notify the school.

Please list any special accommodations your child may require and/or food allergies:

Information Release: I/we authorize the Lapwai Summer School Program to obtain documents relative to and consistent with my child's education. I/we authorize the Lapwai Summer School Progran1 to obtain infom1ation fro1n any agency or program providing supplemental services. I/we authorize the Lapwai Summer School Progra1n, 21st Century Con lmunity Learning Center and State Department of Education to share confidential information and work together in providing services for students. I/we authorize the Lapwai Summer School Progran1 to use your child's photograph and name in video or other electronic recording in various education programs for publicity purposes. We would like to be a part of the Lapwai Summer School Program. I hereby give my permission for my child to participate in all 21st Century Community Leaming Center Activities.

In case of emergency, illness or accident, we will attempt to contact the parent/guardian first. In the event we cannot contact them, please provide the name of a relative or close friend that we may contact.

Alternate Emergency Contact 1:

Name: _____ Primary Phone: _____

Relationship to student: _____ Work Phone: _____

Alternate Emergency Contact 2:

Name: _____ Primary Phone: _____

Relationship to student: _____ Work Phone: _____

While participating in the Afterschool/Summer Program, I hereby authorize a staff member to take my child to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of my child.

I attest that the information contained herein is correct to the best of my knowledge.

_____ _____

(Parent/Legal Guardian Signature) (Date)