



EST. 1899

**United for Literacy**  
**Litt ratie Ensemble**



## United for Literacy Children’s Registration Form

*Nooaitch CLC Afterschool Program 2023*

Date: \_\_\_\_\_

**Please indicate program time choice in order of preference:**

Monday 4:00pm-6:00pm \_\_\_\_\_ Thursday 4:00pm-6:00pm \_\_\_\_\_

### **A. Information on Your Child/Children**

#### **Child 1:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Health concerns, medications, allergies, or food restrictions?

\_\_\_\_\_

What does your child like to do?

\_\_\_\_\_

#### **Child 2:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Health concerns, medications, allergies, or food restrictions?

\_\_\_\_\_

What does your child like to do?

\_\_\_\_\_

#### **Child 3:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Health concerns, medications, allergies, or food restrictions?

\_\_\_\_\_

What does your child like to do?

\_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

**B. Parent/ Caregiver Contact Information (in case of emergency)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell # \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency Contact** (in case you are not available):

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Cell # \_\_\_\_\_

**C. Parent/ Caregiver Permission**

I agree that United for Literacy can take **photos** of my child/children and collect samples of their work. I understand that these photos may be printed in newspapers, web sites, reports, etc., and that my child's name will **not** be included.

Yes       No

I agree that United for Literacy can ask me or my child for feedback of the program.

Yes       No

I agree that United for Literacy cannot be held responsible for any harm or injuries that may occur during the program or after my child/children leaves the program.

Yes       No

I agree that I am responsible for picking up my child within **15 minutes after the program ends.**

Yes       No

I give permission for the CLC, Saraya Firingstone to communicate with my child's teacher.

Yes       No

I **ALLOW** my child to leave with the following people:

Pickup Person: \_\_\_\_\_ Pickup Person: \_\_\_\_\_

**D. Covid Safety Measures**

In response to the COVID-19 pandemic, all United for Literacy staff and volunteers are vaccinated for COVID-19 and will operate under the guidelines below:

- Regular handwashing is encouraged. Hand sanitizer will be available.
- Children showing Covid symptoms must stay home.

I agree that my child/children will follow all Covid safety measures for this program. I understand that if my child/children refuses to follow these rules, my child will be sent home.

Yes       No

**E. Additional Permissions**

For any additional activities planned to take place away from the designated program site (Nooaitch Band Hall), an additional caregiver permission form will be sent home to be signed.

**By signing below, I acknowledge that I have read and understood the document. I hereby consent to my child/children participating in the Nooaitch CLC Afterschool Program. The above information is correct to the best of my knowledge.**

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**