



# 21<sup>st</sup> Century Community Learning Centers 2024

**PLEASE COMPLETE ONE FORM PER CHILD**

Location: East End United Community Center

150 Coolspring St. Uniontown, PA 15401

Grades: 1 - 5 (entering for the 24-25 school year)

Dates: September 16 – May 22, 2025- rolling enrollment - *To begin 9/16, app. due 9/9*

When: Monday – Thursday (3:00 - 5:30 pm)

Price: FREE to attend with FREE transportation to bus stop near home

Student Name:

\_\_\_\_\_

School: (check one) Lafayette \_\_\_\_\_ Ben Franklin \_\_\_\_\_

2024-2025 Grade Level: \_\_\_\_\_

Current Homeroom/Teacher Name: \_\_\_\_\_

Siblings enrolled/ing in the program: (separate forms need completed)

\_\_\_\_\_

Primary Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers (cell/home): (please advise us if number changes)

\_\_\_\_\_

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

Other approved individuals authorized to pick the student up:

**PLEASE — COMPLETE BACK SIDE OF APPLICATION**

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I want my child transported by bus to & from the program: Yes \_\_\_\_ No \_\_\_\_

I will transport my child to & from the program: Yes \_\_\_\_ No \_\_\_\_

Other transportation agreement: \_\_\_\_\_

Is your child permitted to be photographed? Yes \_\_\_\_ No \_\_\_\_

To participate in the 21st CCLC Afterschool Program through the Uniontown Area School District, I give permission for pertinent information from my child's academic and attendance records to be used in assisting 21st CCLC tailor the program to fit the academic needs of students participating in the program. This includes 1st, 2nd, 3rd, and 4th Nine Weeks Report Cards, Discipline Reports, PSSA test scores, local level test scores, and Individualized Education Programs (IEPs). Your signature also allows our External Evaluator, Stacey Papa, to use the student academic and attendance records listed above to provide external evaluation services. All student information will be kept confidential. No students are permitted to walk home. Your signature additionally indicates your understanding that the same Internet policy binds students during the school day. Finally, your signature indicates that you will read and follow the 21st CCLC Parent/ Guardian Handbook sent home with your child after they begin the program.

Parent/Guardian (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Please return this completed application to your elementary school to enroll or email [csirochman@eeucc.org](mailto:csirochman@eeucc.org). Students are eligible to sign up throughout the program dates. Please direct any questions to Program Director Casey Sirochman at [csirochman@eeucc.org](mailto:csirochman@eeucc.org), call 724-437-1660, or text 724-320-9116.

**PLEASE — COMPLETE BACK SIDE OF APPLICATION**

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## Emergency Contact Form

Emergency Contact	Answers
<b>Student's Name</b>	
Birthdate	
Gender	
Race	
Ethnicity	
Address	
<b>Mother's Name/Legal Guardian</b>	
Telephone Number	
Address	
Work/Alternate Telephone Number	
<b>Father's Name/Legal Guardian</b>	
Telephone Number	
Address	
Work/Alternate Telephone Number	
<b>Emergency Contact Person(s) Name/Telephone Number</b>	
Name/Telephone Number of the person to whom the child may be released	
Address	
Name / Telephone Number of the person to whom the child may be released	

**PLEASE — COMPLETE BACK SIDE OF APPLICATION**

Address	
<b>Name of child's physician / Medical care provider</b>	
Telephone Number	
Address	
Disabilities (if any)	
Allergies ( <i>including medication reactions</i> )	
Medical/Dietary information ( <i>Necessary in an emergency</i> )	
Medication/special conditions	
Additional information/special needs	
Health insurance or medical assistance benefits	
Health or Medical Insurance Policy Number ( <i>required</i> ):	
<b>Parent/ Guardian signature is required for <u>each item below</u> to indicate parental consent</b>	
Swimming _____	Transportation by the facility _____
Walks and trips _____	Obtaining emergency medical care/First Aid _____

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