



Titusville 21st Century Community Learning Center

Enrollment Application – September 2009 through June 2010

Call us at 814-827-3931 with any questions or email us at . Titus21century@aol.com

Complete program information and application forms can be found on our website at: titusvillemca.org

Child's Last Name: _____ First Name: _____

Birthdate: _____ Age: _____ Gender: _____

School: _____ Grade: _____ Teacher: _____

Health Care and Needs Information

Any special needs and/or allergies ?

Medications Child Is Currently Taking:

What are these medications and what are they taken for?

Does child have a TSS during the school day ?

Family Physician: _____ Telephone: _____

Medical Insurance Company and ID#

(required):

A Health Assessment Form is attached - This is REQUIRED for children in grades 1 – 5 within 30 days of enrollment.

Enrolling Parents/Guardians: (BOTH custodial parents and/or legal guardians MUST fill in information & sign)

Last Name: _____ First Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Last Name: _____ First Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

End of daily program transportation: Will your child require transportation at the end of each day's program?

YES – My child will ride the bus to the designated drop-off point at the end of each day's program.

NO – I will pick my child up at the end of each day's program.

Emergency/Pick-up Information: The following persons have permission to pick up my child or to be called in case of an emergency. I understand that in addition to the parents/guardians listed above, that my child will NOT be released to anyone not on the list below.

Person #1: _____ Phone Number: _____

Person #2: _____ Phone Number: _____

I give my authorization for the following. – Please initial each item that you give your permission for.

Emergency Medical Care: ___ First Aid/CPR: ___ Swimming: ___ Food program: ___ Walks: _____

Transportation to YMCA: ___ Pictures/video of my child: _____ Name of my child in press releases: _____

Liability Waiver: By signing this application, I agree to hold the Titusville YMCA and The Titusville Area School District, free from all liability of my child should my child be accepted for participation into the Titusville 21st Century Community Learning Center program.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - FOR 21st CCLC USE ONLY

Enrollment Start Date _____ Health Assessment on File? _____

Bus Transportation _____ 6 Month Application Review _____

Participation Fee: Full Pay _____ Reduced Pay _____ Scholarship _____

Approved by: _____ Date: _____

The Titusville YMCA is committed to the policy that all persons shall have access to all of its programs, facilities, and employment without discrimination based upon race, religion, color, creed, sex, national origin, age, physical or mental disability or financial hardship.

A United Way Agency.

