

Sylacauga Alliance for Family Enhancement
78 Betsy Ross Lane
Sylacauga, AL 35150
(256)245-4343

BRIDGES 21st
Century Community
Learning Center

Application Packet



**Sylacauga Alliance for Family Enhancement
BRIDGES Registration**

Date: _____ Free Lunch?: Yes ___ No ___ **OR** Reduced Lunch?: Yes ___ No ___

Have you ever received services from another SAFE program?: Yes ___ No ___ If yes, what program: _____

Student Name: _____ Parent/Guardian Name: _____

Address: _____
Street Address City State Zip

Mailing Address (If different from above) _____
Street Address City State Zip

Student: Date of Birth: _____ Sex: ___ Race: _____ Grade: _____

School Attending: _____

Housing Situation: Drew Court ___ Virginia West ___ Sylavon Court ___ Sylavon Towers ___

Contact Number: Home _____ Cell _____ Work _____

Parent Email: _____

Emergency Contact: _____ Relation: _____ Contact Number: _____

Do you have Health Insurance: Yes ___ No ___ If yes, Insurance Type: _____

Does student have any medical problems: Yes ___ No ___

If yes, please describe: _____

Does student have any allergies: Yes ___ No ___

If yes, please list: _____

Does student take any medications: Yes ___ No ___

If yes, please list: _____

Please list all children that live in the household:

| Name | Age |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

BRIDGES 21st Century Community Center Registration

The following may pick up my child (other than parents or legal guardian) If more space is needed, use the back of this sheet for additional listings

Name _____ Phone _____

Name _____ Phone _____

Community Service Agreement

In order for my child, _____, to participate in the BRIDGES 21st Century Learning Center, I agree to volunteer 15 hours of community service. This participation may include volunteering with field trips, attending Sylacauga Promise, assisting with center activities, etc.

Parent's Signature: _____ Date: _____

Media Release

I hereby give my permission to SAFE Family Services Center to use my likeness and/or my story in any media including photographs, articles, videotapes, brochures, displays, or in any presentations for purpose of promoting the programs and services of SAFE Family Services Center.

Furthermore, I give my permission to SAFE Family Services Center to use my minor children's likenesses and/or story for the same purposes as described above.

Check one:

_____ I give permission for use of my first and last name, and that of my children, in publicity media.

_____ I do not give permission for use of my first and last name, and that of my children, in publicity media. First name and a last initial or a fictitious name may be used.

Parent/Guardian Signature: _____

BRIDGES 21st Century Community Learning Center Registration Requirements, Activity and Emergency Consent

The BRIDGES 21st Century program focuses on youth development. Students are required to function on a developmental level that enables them to work independently on directed activities. The main goal of the BRIDGES program is to prepare youth for the time when they will have to make responsible and appropriate decisions independently. Bridges also requires that the children be able to walk long distances, help plan and carry out volunteer activities, and participate in activities offered in the community. I understand the requirements of the BRIDGES program and agree that my child is able to meet those requirements.

Please initial each box, indicating permission by you for your child to participate.

I hereby grant permission for my child to:

- Use all play equipment and participate in all of the activities at the center.
- Leave the center premises under proper supervision for neighborhood walks or for field trips in an authorized vehicle.
- Be included in evaluations and pictures connected with the center's program.
- Participate in swimming and water-related activities.

MEDICAL:

I hereby grant permission for the BRIDGES 21st CCLC to take whatever steps that may be necessary to obtain emergency medical care for my child if warranted. These steps may include, but are not limited to, the following:

- Attempt to contact the parent or guardian.
- Attempt to contact the child's physician.
- Attempt to contact the parent through any of the persons listed on the emergency card filled out by the parent.
- I understand that any expense incurred in the above mentioned situations will be borne by the child's family.

Child's Name _____

Parent's Name _____

Parent's Signature _____ Date _____

Sylacauga Alliance for Family Enhancement
78 Betsy Ross Lane
Sylacauga, AL 35150
(256) 245-4343

Release Form

Date_____

I give permission to the BRIDGES 21ST Century Community Learning Center, for the release of copies of:

- A. Immunization Record
- B. Birth Certificate
- C. Test scores, including standardized and state
- D. Grades
- E. Attendance Record
- F. Behavior Record

from the school record regarding my child, _____, for the benefit of records kept at SAFE/BRIDGES 21ST Century Community Learning Center. I give permission for the BRIDGES 21ST Century staff to discuss any educational needs with those institutions for my child when necessary.

Parent/Guardian:_____

Witness:_____