

Student ID _____

District & Site Coordinator Use Only

2018 – 2019 Putnam County School District 21st Century Program Application

Student Name: _____

First

Middle initial

Last

Grade Level: _____

Address: _____

Street/Number

City, State, Zip

Phone Numbers: _____

Home/Work (daytime #)

Cell

Parent/Guardian: _____

Name

Place of employment (if applicable)

Emergency contact: _____

Name

Phone Number

Must list a contact, other than the parent listed, that can be reached in case of an emergency

Transportation

_____ Bus

_____ Parent Pick-up

Students may not walk home from the after-school program

Parent Signature: _____ Date: _____

Program Operation: Monday – Thursday, 4 p.m. – 6:00 p.m.

Return this application to the 21st CCLC School Site or Federal Programs