

State Student ID: \_\_\_\_\_ Term: \_\_\_\_ Summer \_\_\_\_ Regular School Term



City of Little Rock  
West Central Community Center  
**21<sup>st</sup> Century Community Learning Center**  
**Registration Packet**



4521 John Barrow Road Little Rock, AR 72204  
TEL: 501-379-1895/ 501-371-4583 EMAIL: [dbanks@littlerock.gov](mailto:dbanks@littlerock.gov) or [Sharon.Johnson@lrsc.org](mailto:Sharon.Johnson@lrsc.org)

**PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS**

**DATE:** \_\_\_\_\_

**1. STUDENT'S INFORMATION:**

Name (First, Last): \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Grade entering this fall: \_\_\_\_\_

School Attending: \_\_\_\_\_

|  |   |
|--|---|
| <b>Gender:</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female   | <b>Primary Language</b><br><input type="checkbox"/> English<br><input type="checkbox"/> Other<br><input type="checkbox"/> Spanish |
| <b>Ethnicity:</b><br><input type="checkbox"/> American Indian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black, or African-American (not of Hispanic Origin)<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Pacific Islander<br><input type="checkbox"/> Two or More Races<br><input type="checkbox"/> White (not of Hispanic Origin) | <b>Lunch Status</b><br><input type="checkbox"/> Free<br><input type="checkbox"/> Reduced<br><input type="checkbox"/> Unknown      |

**List all Allergies and Dietary Restrictions: (attach additional sheet if needed)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**2. PARENT/GUARDIAN INFORMATION:**

☐ Check this box if the address and home phone are the same as yours.

NOTE: All correspondence will be sent to this person

Name (First, Last): \_\_\_\_\_

Email Address: \_\_\_\_\_ *\*please be sure that your email address is valid. You will receive all correspondence at this email.*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Custodial Parent: **Yes**      **No (circle one)**

**3. Parent # 2/Guardian #2 Information:**

(Note: all correspondence will be sent to the parent/guardian named above)

Name (First, Last): \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Custodial Parent: **Yes**      **No (circle one)**

☐ Should be contacted in case of emergency and has permission to pick up student.

**4. Emergency Contacts and Authorized Pick-Up Persons:** (In addition to parents/guardians)

Use this area to list the individual(s) we may contact in an emergency and/or you authorize to pick up your student.

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

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City of Little Rock  
West Central Community Center  
**Summer K-8 Youth Program**  
**Registration Packet**



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**5. PARENTAL CONSENT TO TREATMENT / ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION**

I hereby authorize the City of Little Rock and 21st CCLC - West Central Community Center and its Directors to provide routine health care, administer medications as ordered by a physician, obtain emergency medical treatment including radiology and laboratory studies, and arrangement of transportation in cases of emergency. I agree to the release of any records necessary for medical treatment or insurance purposes. I consent to allow the physician selected by the City of Little Rock and 21st CCLC - West Central Community Center and its Directors to secure and administer treatment, including hospitalization for the minor named above.

Parent  
Signature \_\_\_\_\_

PRINT  
NAME \_\_\_\_\_

I understand these risks and release the City of Little Rock (CLR) 21st CCLC- West Central Community Center and the directors, trustees, officers, volunteers and employees of the /City of Little Rock Youth Program-West Central Community Center, from all liability for damages or injuries resulting from negligence.

I acknowledge that students may be subject to interviews by licensing staff, child maltreatment investigators, or law enforcement officials for the purpose of determining licensing compliance or for investigative purposes. These interviews do not require parental notice or consent.

The City of Little Rock 21st CCLC - West Central Community Center (CLR), is not responsible for lost, stolen, or damaged personal articles.

I authorize the CLR 21st CCLC to have and use photographs, slides, videos, and comments of the person(s) named on this application as needed in promotional materials and public relations programming.

I individually and corporately agree to hold harmless, City of Little Rock, its volunteers, agents, employees and officers irrespective of any negligent act or omission by the City of Little Rock 21st CCLC West Central Community Center and/or those individuals arising from or related in any way to the CLR and the 21st CCLC - West Central Community Center.

Parent  
Signature \_\_\_\_\_

PRINT  
NAME \_\_\_\_\_