



OAK RIDGE SCHOOLS
21ST CCLC GRANT
2022-2023
REGISTRATION/PERMISSION FORM



Student Name_____

Guardian Name_____

Home Address_____

Home Phone_____ Cell Phone_____

Work Phone_____ Email address _____

Other Adult Contact_____

Home Phone_____ Cell Phone_____

Medical Concerns_____

Medications_____

____Medications taken at school _____Physician's Form on file

____Yes____No Please invite me to join the private Facebook group

____Yes____No The grant staff may share my child's image outside the program.

*The grant directors have access to my child's records for data reporting purposes only.

Parent Signature

Date