

New Britain Parks and Recreation Department  
 27 West Main Street, Room 302, New Britain, CT 06051  
**21<sup>st</sup> Century Community Learning Centers**  
**Elementary School After-School Program Application**

Please fill out both sides of this form  
**REGISTER TODAY!**

**PARTICIPANT'S INFORMATION:**

Participant Name:				
Address:	City:	Zip:	Male <i>(Circle One)</i>	Female
Elementary School:	Teachers Name:	Activity #	Date of birth	Grade

I, the undersigned, being desirous of participating in the event/program above designated being sponsored by the Department of Parks and Recreation of the City of New Britain, do state and agree to the following terms and conditions of participation:

1. I agree and understand the nature and risks associated with this activity, including the risks of suffering personal injury and/or property damage during the course of the event/program.
2. I understand that this event/program is a non-profit recreational event/program and agree to waive on my behalf, or the behalf of the participant, any claim I and/or the participant may have against the City, any agent or employee of the City, any sponsor of the event/program, or any volunteer assisting in the event/program as a condition of my participation.
3. If the participant in the event/program is a minor (under the age of eighteen (18) years), I represent that I am the parent or legal guardian to consent to such minor's participation in this event/program.
4. This also gives permission for my child to be transported off school grounds for special field trips without additional permission. Ample notification of trips will be given.
5. I give consent for my child to participate in evaluations conducted at the center. I understand that his/her answers to questionnaires will be anonymous and confidential. They will be used only to evaluate the effectiveness of the center and its programs.
6. I give permission to the New Britain Parks & Recreation Department to photograph and videotape my child.

Signature \_\_\_\_\_

Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**GUARDIAN INFORMATION:**

Guardian Name:	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	Zip:	Relationship to Child:

**EMERGENCY INFORMATION:**

Name:	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	Zip:	Relationship to Child:

**If necessary, the following individuals have permission to pick up my child (A VALID ID IS REQUIRED)**

Written permission is **required** for any individual not listed below (to pick up student)

Name:	Home Phone:	Cell Phone:	Relationship:
Name:	Home Phone:	Cell Phone:	Relationship:
Name:	Home Phone:	Cell Phone:	Relationship:

**In order to better serve your child, the following information is needed:**

Does your child speak English? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, what is your child's predominant language? _____	Special needs may include the following: (Please check appropriate box or boxes)  <input type="checkbox"/> Attention Deficit Disorder (ADD) <input type="checkbox"/> Special Education Classes <input type="checkbox"/> Hearing Impaired (HI) <input type="checkbox"/> Mental Retardation (MR) <input type="checkbox"/> Socially/Emotionally Maladjusted (SEM) <input type="checkbox"/> Autistic (AU) <input type="checkbox"/> Allergies (AL) <input type="checkbox"/> Learning Disabled (LD) <input type="checkbox"/> Required Medication (ME) <input type="checkbox"/> Visually Impaired (VI) <input type="checkbox"/> Attention Deficit Hyperactive Disorder (ADHD)  Other Please specify: _____
Are special accommodations necessary for your child to participate in any activities? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your child have special needs? <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>*IF YES, PLEASE SEE BOX TO THE RIGHT</b>  <b>*IF YES, GUARDIAN IS RESPONSIBLE FOR COMPLETING HEALTH A FORM AND ATTACHING IT TO THIS APPLICATION</b>	

Please answer the following demographic information to comply with the United States Department of Education the funding source for the after school program.

<b>Child's Race/Ethnicity: Check All that Apply</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black (not Hispanic/Latin) <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> White (not Hispanic/Latin) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other	<b>Primary Language (Check One)</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (please specify) _____  <b>Does this child receive free/reduce price meals at school?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

**BUS INFORMATION – READ CAREFULLY**

Bus Transportation will be provided at 5:00 p.m. on Monday, Tuesdays, and Thursdays ONLY! Students may walk home with parental permission. It is very important to tell your child to get on the bus at 5:00 p.m., have a parent/guardian pick them up at 5:45 p.m. or walk home at 5:45 p.m.

**MONDAY / TUESDAY / THURSDAY:** Please indicate with a (X) whether you would like your child to:

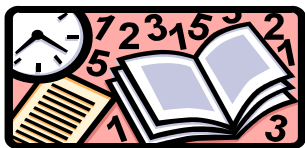
- Take the bus home at 5:00 p.m. (Neighborhood stops only, locations to be determined)
- Take the bus to the Boys and Girls Club at 5:00 p.m.
- Parent/Guardian pick up at 5:45 p.m.
- Walk home at 5:45 p.m.

**WEDNESDAYS AND FRIDAYS:** Please indicate with a (X) whether you would like your child to:

- Parent / Guardian Pick-up at 5:45p.m.
- Walk home at 5:45 p.m.

**This program is  
FREE and open  
to all 3<sup>rd</sup> -5<sup>th</sup>  
graders!**

**New Britain Parks and Recreation Department and the Consolidated School District Presents...  
21<sup>st</sup> Century Community Learning Centers After School Program**



**Monday – Friday  
3:30 p.m. – 5:45 p.m. (Smalley: 2:45 – 5:45p.m.)  
October-May**

**What do we do after school?**

Sports, dances, mini-clinics, social activities, rewards, arts & crafts, cooking, homework, tutoring, tournaments, computers & much more!  
Call the Recreation Hotline at (860) 826-3360 for more information

Chamberlain, DiLoreto, Jefferson, Smalley, Smith, Lincoln, & Gaffney Elementary Schools