



## 2017-2018 M.O.S.T. Registration Form

The Southeast Education Cooperative and 21<sup>st</sup> Century Community Learning Centers would like to invite you to register for the M.O.S.T. (Meaningful Out of School Time) Program.

When we receive your registration, your child will be enrolled in the MOST program. Then you will be emailed an invoice per the option you have chosen monthly. If you choose to leave the program at any time, you must notify the Site Coordinator to avoid future billing.

Below the billing options are listed. At the beginning of each month you will be **EMAILED** an invoice per the option you choose. Please provide **all** the information below!

Choose the option that applies to you:

### FULL TIME FEES

<b>FREE:</b>	<input type="checkbox"/>	\$20/student	<input type="checkbox"/>	\$30/family
<b>REDUCED:</b>	<input type="checkbox"/>	\$65/student	<input type="checkbox"/>	\$80/family
<b>FULL:</b>	<input type="checkbox"/>	\$125/student	<input type="checkbox"/>	\$150/family

### PART-TIME FEES (Student(s) attend 8 days or less per month)

<b>FREE:</b>	<input type="checkbox"/>	\$15/student	<input type="checkbox"/>	\$25/family
<b>REDUCED:</b>	<input type="checkbox"/>	\$50/student	<input type="checkbox"/>	\$65/family
<b>FULL:</b>	<input type="checkbox"/>	\$100/student	<input type="checkbox"/>	\$130/family

### SCHOOL ATTENDING \_\_\_\_\_

Students Name:

<u>First</u>	<u>MI</u>	<u>Last</u>

\*Parent/Guardian Name:

\*Home Phone:

\*Cell Phone:

\*Email:

\*Address:

If you have any questions or concerns, please contact:  
**Lana Meissner, Jamestown After-School Site Coordinator**  
 705 4<sup>th</sup> Ave. NW, Jamestown, ND 58401  
 (701) 952-3210 or Lana.Meissner@k12.nd.us



# STUDENT(S) REGISTRTAION

Please write legibly

First Students Name:

Gender:

<i>First</i>	<i>MI</i>	<i>Last</i>	<input type="radio"/> Male <input type="radio"/> Female
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Ethnicity: Check all that apply

<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White
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<b>Special Needs:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Limited English Proficiency:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Free/Reduced Lunch:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>GRADE 2017-2018 School Year:</b>	<b>Birthdate:</b>
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<b>Special Education:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IEP:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>School Attending:</b>	<b>Classroom Teacher:</b>
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<b>DATE ENROLLED:</b>
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Second Students Name:

Gender:

<i>First</i>	<i>MI</i>	<i>Last</i>	<input type="radio"/> Male <input type="radio"/> Female
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Ethnicity: Check all that apply

<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White
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<b>Special Needs:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Limited English Proficiency:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Free/Reduced Lunch:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>GRADE 2017-2018 School Year:</b>	<b>Birthdate:</b>
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<b>Special Education:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IEP:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>School Attending:</b>	<b>Classroom Teacher:</b>
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<b>DATE ENROLLED:</b>
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Please fill out a second registration sheet for any additional students in your family

Parent/Guardian 1

<b>Name:</b>
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<b>Relationship to Child:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Work Phone:</b>	
<b>Email:</b>	
<b>Address:</b>	

**Parent/Guardian 2**

<b>Name:</b>	
<b>Relationship to Child:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Work Phone:</b>	
<b>Email:</b>	
<b>Address:</b>	

**Transportation:**

Permission to walk home alone after dismissal:	<input type="radio"/> YES	<input type="radio"/> NO
Permission to ride a bus for field trips with the MOST program:	<input type="radio"/> YES	<input type="radio"/> NO

**Pick Up Permissions/Emergency Contact:**

<i>Name:</i>
<i>Relationship:</i>
<i>Phone:</i>

<i>Name:</i>
<i>Relationship:</i>
<i>Phone:</i>

**Medical Information:**

Primary Doctor:	Phone:
Primary Dentist:	Phone:

Permission to use child/children's name and/or photos in articles, on websites/blog/social media and other material to promote the 21CCLC/MOST program and share accomplishments. <b><input type="radio"/> YES <input type="radio"/> NO</b>
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<i>Check all that apply:</i> <input type="checkbox"/> Behavior Plan <input type="checkbox"/> Allergies <input type="checkbox"/> Medicine
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If you have any additional comments or information the afterschool program needs to be aware of, please include it on the back.

**I understand that the M.O.S.T. program is part of our local public school. Program Staff will have access to school records needed for my child's participation. My child agrees to abide by the rules of conduct as state in the handbook and the goals of the 21<sup>st</sup> Century Community Learning Centers. Unacceptable behavior can lead to suspension/dismissal from the program.**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**