



21st Century Community Learning Centers 2024

Optional: Online Application - <https://bit.ly/EEUCCS24>

PLEASE COMPLETE ONE FORM PER CHILD

Location: East End United Community Center

150 Coolspring St. Uniontown, PA 15401

Grades: 1 - 5 (entering for the 24-25 school year)

Dates: June 17 – July 18 - rolling enrollment - *To begin 6/17, app. due 5/30*

When: Monday – Thursday (9:00 am-1:00 pm)

Price: FREE to attend with FREE transportation to and from bus stop near home

→ Special Event for Families on June 17, 2024 from 11- 1 PM!! Save the date!

**Enrollment will be based first on regular school year program participation and attendance*



SCAN ME

Student Name: _____

School: (check one) Lafayette _____ Ben Franklin _____

2024-2025 Grade Level: _____

Current Homeroom/Teacher Name: _____

Siblings enrolled/ing in the program: _____

Primary Parent(s)/Guardian(s): _____

Address: _____

Phone Numbers (cell/home): (please advise us if number changes)

PLEASE — COMPLETE BACK SIDE OF APPLICATION

Email: _____

Other approved individuals authorized to pick the student up: _____

I want my child transported by bus to & from the program: Yes ____ No ____

I will transport my child to & from the program: Yes _____ No _____

Other transportation agreement: _____

Is your child permitted to be photographed? Yes ____ No ____

To participate in the 21st CCLC Afterschool Program through the Uniontown Area School District, I give permission for pertinent information from my child's academic and attendance records to be used in assisting 21st CCLC tailor the program to fit the academic needs of students participating in the program. This includes 1st, 2nd, 3rd, and 4th Nine Weeks Report Cards, Discipline Reports, PSSA test scores, local level test scores, and Individualized Education Programs (IEPs). Your signature also allows our External Evaluator, Stacey Papa, to use the student academic and attendance records listed above to provide external evaluation services. All student information will be kept confidential. No students are permitted to walk home. Your signature also indicates your understanding that students are bound by the same Internet policy as during the school day.

Parent/Guardian (Printed): _____

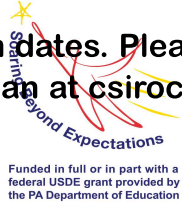
Parent/Guardian Signature: _____

Date: _____

Please return this completed application to your elementary school to enroll or email csirotchman@eeucc.org. Students are eligible to sign up throughout the

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program dates. Please direct any questions to Program
Sirochman at csirochman@eeucc.org, call 724-437-166



9116.

Emergency Contact Form

Emergency Contact	Answers
Student's Name	
Birthdate	
Gender	
Race	
Ethnicity	
Address	
Mother's Name/Legal Guardian	
Telephone Number	
Address	
Work/Alternate Telephone Number	
Father's Name/Legal Guardian	
Telephone Number	
Address	
Work/Alternate Telephone Number	
Emergency Contact Person(s) Name/Telephone Number	
Name/Telephone Number of the person to whom the child may be released	
Address	

PLEASE — COMPLETE BACK SIDE OF APPLICATION

Name / Telephone Number of the person to whom the child may be released	
Address	
Name of child's physician / Medical care provider	
Telephone Number	
Address	
Disabilities (if any)	
Allergies (<i>including medication reactions</i>)	
Medical/Dietary information (<i>Necessary in an emergency</i>)	
Medication/special conditions	
Additional information/special needs	
Health insurance or medical assistance benefits	
Health or Medical Insurance Policy Number (<i>required</i>):	
Parent/ Guardian signature is required for <u>each item below</u> to indicate parental consent	
Swimming _____	Transportation by the facility _____
Walks and trips _____	Obtaining emergency medical care/First Aid _____

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