Center for College Access and Success

Making College Real

21st CCLC D99 Pathways Program
Unity Jr. High Participant Application

SECTION 1

GENERAL INFORMATION

Student Name: _____

School: _____ Student ID: _____ GPA: _____

DoB: _____ Sex: _____ Gender identity: _____

Race/Ethnicity:

- ☐ Hispanic or Latino
- ☐ Black or African American
- ☐ White
- ☐ Asian
- ☐ American Indian or Alaksa Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ Two or More Races

Grade: ☐ 7th ☐ 8th

Home Address:

_____

Home Phone: _____ Cell Phone: _____

Emergency Phone: _____ E-Mail: _____

Does your child receives free lunch? ☐ YES ☐ NO

Does your child receives reduced cost lunch? ☐ YES ☐ NO

Does your child receives English Language Learning support? ☐ YES ☐ NO

Does your child has additonal service needs? ☐ YES ☐ NO

Please share the additonal support needs

_____

SECTION 2

EMERGENCY MEDICAL TREATMENT CONSENT

The purpose of this section is to enable students to receive emergency medical or dental treatment should they become ill or injured. In the event of an emergency, 21st Century Pathways Program staff will attempt to reach the parent/guardian first.

In the event of reasonable attempts to reach the parent/guradian or emergency contact have been unsuccesful. I give my consent for my child/participant to receive any treatment deemed necessary by a licensed medical doctor or dentist and the transfer of the student to a hospital in the area. This authorization does not cover any of the cost associated with the treatment

MEDICAL HISTORY

Please provide information concerning the student's medical history and describe any physical impairments or conditions (including any allergies) requiring the use of medications and for which physicians should be alerted. Also list any medical conditions of which the Pathways staff should be aware and any medications currently used by the students that will be brought to the program.

MEDICAL CONDITIONS

_____

MEDICATIONS (DOSE/FREQUENCY)

_____

ALLERGIES

_____

DOCTOR'S NAME: _____

PHONE NUMBER: _____ LOCATION: _____

SECTION 3

PARENTAL INFORMATION, CONSENT AND RELEASE

Parent/ Guardian Name: _____

First Name *Middle Init.* *Last Name*

Home Address: _____

Primary Phone: _____ E-Mail: _____

Language Spoken (check all that apply):

☐ English ☐ Spanish ☐ Other:_____

CONSENT AND RELEASE

☐ My child has permission to walk home if they will attending Pathways activities after school.

☐ My child will be picked-up (list name below if not written above)

_____

First Name *Middle Init.* *Last Name*

WAIVER OF PARTICIPATION, COMMUNICATION, WAIVER OF LIABILITY, ASSUMPTION OF RISK, RELEASE OF CLAIM AND RETRIEVAL OF PARTICIPANT DATA FOR PROGRAM EVALUATION

I give permission for my child/student to attend the program and all the required yearly activities including field trips. The program begins September 1st and ends August 31st. Details located at 21stcclcpathways.org and attached to program application.

I give permission for my child/student to leave on their own following the program dismissal or follow the pick-up arrangements indicated above.

I understand that the information in this application will be used by the Pathways program staff to communicate with parent/guardian and program participant. Similarly, participant information will be used to report students improvements as mandated by ISBE.

I give permission for my child/student to be contacted and engage in communication with the program via but not limited to phone calls, BAND Messaging App, Remind, Google Suite for Education (messaging/video conference), and official website/social media.

I authorize the 21st CCLC Pathways staff to act on my behalf in case of any emergency, accident or illness. I release Northeastern Illinois University, the Chicago Public Schools, Disctrict 99 and the 21st Century Pathways staff from any liability or claims out of or in any way connected with this program.

I understand that my signature below gives Northeastern Illinois University permission to contact, exchange and gather information (including IAR and grades) on my enrolled child. This information will not affect my child's admission; it will be used to design a program that meets my child's needs and for program evaluation purposes.

I also grant full permission for Northeastern Illinois University to publish any photographs or films bearing my child's likeness and/or publish my child's first name withing the text of promotional materals connected with programs at the Center for College Access and Success. The content collected could be published for online and printed materials such as program webpage, internal network and posters to promote the program.

The undersigned represents that I am the parent/guardian of the minor and that I have full legal authority to execute the following consent and release participant form.

SECTION 4

SIGNATURE

A signature permission form is necessary for participation in the program.

_____ _____

Student/Participant Signature Date

_____ _____

Parent / Legal Guardian Signature Date

Northeastern Illinois University | Community Learning Centers | 21st CCLC Pathways – Northeastern Illinois University

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