

Lummi Nation School

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21st Century After School Program

Registration Form

Start Date: October 3rd, 2022



Schedule

Monday – Thursday

K-6TH 3:30PM - 5:00PM

Tutoring students who may need help with academics

REGISTRATION DEADLINE: September 30th, 2022

Try to have applications in by the 28th, bus routes are being figured out and you run the risk of your child not attending the program until notified

Lummi Nation After School Registration Form

(Please Print)

Today's date:	Current Teacher: (7-12 Hawk Time)	Current Grade (2020-21):
STUDENT INFORMATION		
Last name:	First:	Middle:
		SPED: Check box: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Birth date: / /
		Age:
		Gender <input type="checkbox"/> M <input type="checkbox"/> F
PARENT/GUARDIAN INFORMATION		
1. Last name:		First:
		Cell Phone:
		Email:
		Home Phone:
2. Last name:		First:
		Cell Phone:
		Email:
		Home Phone:
ADDRESS:		
Street:	Apt. #:	City/State:
		Zip Code
EMERGENCY CONTACTS		
1. Last name:		First:
		Cell Phone:
		Home Phone:
2. Last name:		First:
		Cell Phone:
		Home Phone:
INSURANCE INFORMATION		
Primary Insurance:		
Subscriber Name:		Group #:
		Policy #:
Secondary Insurance:		
Subscriber Name:		Group #:
		Policy #:

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize LNS 21st Century Summer School or insurance company to release any information required to process my claims.

AUTHORIZATIONS

Student Name:

PHOTOGRAPHY RELEASE

I give permission to use and reproduce my child's name/image for promotional purposes related to Lummi Nation School and the 21st Century grant.

Check box: Yes No

CODE OF CONDUCT/RULES/EXPECTATIONS

I have read, understand, and have reviewed with my child the Lummi Nation School Policies and Procedures found at: http://www.lummi-k12.org/Kalis_Docs/LNS_Policies_and_Procedures_Updated_DEC_12_2014.pdf.

I acknowledge that my child/children will be subject to all Lummi Nation School's Policies and Procedures while attending the after school program.

Check box: Yes No

PARENT AUTHORIZATION

I authorize that I understand and have given consent to the above waivers, releases, and permissions.

Signature:

Date: