

21st Century Community Learning Center of Think Smart Outreach Center, Inc.
Personal Profile

NC WISE: _____

Child's Name: _____

Physical Address: _____

Mailing Address: _____
(if different from above)

Telephone Number: () _____ - _____

Alternate Number () _____ - _____

Age: _____ Grade: _____ D/O/B: _____ Race: _____

School Attends: _____

EOG/EOC Scores (I, II, III, IV) Reading: _____ Math: _____

Mother's/Guardians Name: _____

Telephone Number: () _____ - _____ Work () _____ - _____

Cell Number: () _____ - _____

Father's/Guardians Name: _____

Telephone Number: () _____ - _____ Work () _____ - _____

Cell Number: () _____ - _____

Email Address: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Physical Address: _____

Mailing Address: _____

Telephone Number: () _____ - _____ Work () _____ - _____

Cell Number: () _____ - _____

Does your child have any medical problems (i.e., allergies, asthma, diabetes, ADHA etc.) if so please explain fully:

Does your child have any fears (i.e., scared of bugs, water, heights, dogs, etc)

List Medication your child is currently taken

Liability Contract

21st Century Community Learning Center of Think Smart Outreach Center, Inc. (TSOC) is not liable for any accidents that occur while your child attends the center or any other activities in which they are engaged in under TSOC staff member, tutor, mentor, or volunteer unless the accident occurred because of TSOC's **malicious negligence**.

Insurance Name: _____ Number: _____

Medicaid Number: _____

Doctor's Name: _____

Doctor's Address: _____

Doctor's Telephone Number: () _____ - _____

Pick up Procedure:

Please list below the names of the individual(s) that have permission to pick your child up from the program. Reminder the people that you list will be allowed to pick your child up if someone's name is not on the list they will not be allowed to pick your child up from the program.

- | | |
|----|----|
| 1) | 5) |
| 2) | 6) |
| 3) | 7) |
| 4) | 8) |

Release of Information

The information requested on this form will be used to assist TSOC in providing services for your child. In order to assist your child with accomplishing his/her academic goals, our program will need to obtain information from various agencies/sources such as schools, colleges, social workers, housing authority, etc. **All information received will be kept confidential in compliance with the Family Educational Rights and Privacy Act.**

School Records

As the parent/guardian of: _____, I give TSOC permission to obtain school and college records, transcripts, grades, report cards, EOG score, progress reports, test results, IEP forms, and financial aid information for college. I will also allow TSOC staff to speak with teachers, counselors, and other school administrators at my child’s school or employees of the Board of Education in order, Office of Juvenile Justice, housing authorities, college/universities, etc. to obtain and exchange information as part of the services my child will received from TSOC.

By signing this document, I am stating that I read the above information fully and agree with the Liability Contract, Pick up Procedure, Release of Information, and Photo Information

Photo Information

I understand that Think Smart Outreach Center, Inc. has a website and other social network pages and I give them permission to place my child’s picture on their website/social network pages and other advertisement forms used by Think Smart Outreach Center, Inc (i.e., brochures, flyers, commercials, etc.). I understand that the photos will only be used to promote Think Smart Outreach Center, Inc. and will not be used to degrade my child at any time. If I do not want my child photo on these items, I will place at the end of this document DO PHOTO MY CHILD.

Parent/Guardian’s Signature

Date

Student’s Signature ONLY if 18 or older

Date