



**Academy for Urban Leadership Charter School
Nita M. Lowey 21st Century Community Learning Centers**

Summer 2023 Program Registration

Print all Information

Last Name: _____ First Name: _____
 Date of Birth: ____/____/____ Primary Language: _____
 Grade: ____ Homeroom: ____ Gender: M () F () Race: _____
 Parent/Guard (Last name, first): _____ Relationship: _____
 Address: _____
 Home #: (____) _____ Work#: (____) _____ Cell#: (____) _____

In case of an emergency please notify: (e.g. early dismissal, medical emergency, etc.)

Name: _____ Home #: (____) _____ Cell#: (____) _____
 Name: _____ Home #: (____) _____ Cell#: (____) _____

My Child: ___ does ___ does not have a known medical condition that would prohibit him/her from fully participating in this program. _____ **Parent/Guardian Initials**

If your child has any physical handicaps or requires special equipment, medication, etc, please explain:

Is your child permitted to **walk home** from the site at closing **without** adult supervision?

___ YES ___ NO

Adult responsible for pick-up: Name: _____

Relationship: _____ Home #: (____) _____ Cell#: (____) _____

I consent to allow the Schools to use the photos of my child participating in this program's various activities to showcase the program and activities available. The photos may be used to promote the program and is not a for-profit venture. Therefore, no fees will be paid to my child or me by the Schools.

Parent/Guardian Signature: _____ Date: _____

If your personal contact information changes, please notify the program immediately.

Ms. Blanco, Project Director (848) 203-3742 Ext. 115