



Program Registration Form 2020-2021

STUDENT INFORMATION *(Please Print All Information)*

Full Name:		
Gender:	Race/Ethnicity:	Cell Phone #:
Address:		
School Student Will Be Attending for the 2020-2021 School Year:		Grade Student Is Entering:
Career Goals: (If in elementary school, skip)		
Does the student receive Free Lunch? ___ Yes ___ No	Does the student receive Reduced Lunch? ___ Yes ___ No	
Is the child in Foster Care? ___ Yes ___ No	Is the child in Shelter Care? ___ Yes ___ No	

PARENT/GUARDIAN INFORMATION

Full Name:		
Relationship to Student:	Number of people in household:	Cell Phone #:
Home Address (if different from child's):		
Email Address:		
Employer:	Work Hours:	Work Phone #:
Employer Address		
Email Address:		

Kelly Brown Center
1701 3rd Ave. E. Palmetto, Florida 34221
(941) 981-3866

Anna Gayle STEM Center
2112 3rd Ave. E. Palmetto, FL 34221
(941) 592-3669

www.serveverychild.com



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Please list the name(s) of persons who may pick up the student:

STUDENT/MEDICAL INFORMATION

Emergency Contact Name:	Emergency Contact Phone Number:
Student's Doctor's Name:	Student's Doctor Phone #:
Please list any medical conditions your child has on the back of this form that will require our special attention while in our care. All medication Must be in original container and stored in office.	

As parent/guardian of the above-named child I give my permission for his/her participation in all activities sponsored by Educational Consultants Consortium, Inc. (ECCI). This includes access to all school records and medical records. I hereby release ECCI from any and all liabilities and such personal injuries as may result directly or indirectly from any activity conducted by ECCI. I also give permission for my child to receive emergency medical treatment in case of an injury and I cannot be contacted. I agree to be financially responsible for any service rendered. As parent/guardian I understand that services provided by ECCI are funded in part by Manatee County and I give permission for my records and my child's records to be reviewed by Manatee County Government Staff as well as other funding organizations for the purposes of monitoring and evaluating services. I give my permission for my and/or my child's picture to be used as a part of the public relations for the programs of ECCI. I also authorize any custodian of my child's educational and medical records release such records to ECCI, its officers, employees or agents. Only individuals listed on the back of this form may pick my child up from the Center.

Parent Signature_____

Date_____

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