

Dr. Scott Dearman  
Superintendent



Dr. Jasmine Baldwin-Smith  
Federal Programs Director  
9899 Hwy 98  
New Augusta, MS 39462  
Phone :( 601) 964-3326 Fax: (601)964-3310

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RETURN BY 9/2/19

**Perry County School District**  
**Full S.T.E.A.M. Ahead**  
21<sup>st</sup> Century Community Learning Center Program

Name of Student \_\_\_\_\_

Date of Birth\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

School student most recently attended\_\_\_\_\_

Circle Grade level: **6 7 8 9 10 11 12**

**Program Selection (Select up to 2)**

\_\_\_Welding 9-12 grade only

\_\_\_Graphic Design in Publishing

\_\_\_Robotics

\_\_\_3D Printing

\_\_\_Culinary Arts

\_\_\_Academic Tutoring

\_\_\_ACT Prep

\_\_\_Theater Performing Arts

\_\_\_Art

\_\_\_Graphic Design/Digital Media/Photography

Parent(s) or legal guardian

Name:\_\_\_\_\_

Address:\_\_\_\_\_

Home Phone#:(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Work Phone#:(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Email:\_\_\_\_\_

Emergency Contact:\_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Does your child have any allergies? Yes No

If( Yes )what are they?

\_\_\_\_\_

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My child may take part in the snacks. Yes No

My child has permission to go on field trips. Yes No

Individuals authorized to pick my children up:

Name	Phone	Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Medical**

I give permission to the PCSD afterschool program to take whatever emergency measures are judged necessary for the care and protection of my child(ren) while under their supervision. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency team deems it necessary. It is understood that in some medical situations the PCSD staff will need to contact the local emergency resources before the parents/guardians, the child’s physician, and/or other adults acting on the parents/guardians behalf are notified. I understand that any expenses incurred will be borne by the child’s family.

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Picture Policy**

I give permission to the PCSD afterschool program to publish any or all pictures of my child, \_\_\_\_\_, taken during the duration and conducting of this program.

Parent/Guardian Initials: \_\_\_\_\_

Date Initialed: \_\_\_\_\_

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### Field Trips

I give permission for my child, \_\_\_\_\_, to participate in field trips during the course of the PCSD afterschool program.

I understand that my child will be under the direct supervision and care of the PCSD afterschool program staff. I will not hold the PCSD afterschool program staff or any volunteers responsible for any injuries or loss of property which may be sustained by my child as a direct or indirect result of participating in the PCSD afterschool program.

Parent/Guardian Initials: \_\_\_\_\_

Date Initialed: \_\_\_\_\_

### Transportation Liability

Will your child be riding the bus home from the program? \_\_\_ Yes \_\_\_ No

I understand that my child, \_\_\_\_\_, will be transported at times in the PCSD afterschool program for field trips and other special circumstances. While en route, the child will be under the direct supervision of the driver and will be subject to all regulations set for the safety of the child. I will not hold the driver, PCSD afterschool program staff, or volunteers responsible for any injuries or loss of property which may be sustained as a direct or indirect result of this service.

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_