

Fill form and email to: enroll@bobburdettecenter.org OR send or bring to: Bob Burdette Center 1401 Washington St W Charleston, WV 25387

Student Information Only

First Name	Middle Name	Last Name	Nickname
Birth Date (mm/dd/yyyy)		Gender	
Home Address			
City	State		Postal Code
Race (select one)O White/CaucasianO Black/African AmericanO Asian/Asian AmericanO Native American/Alaskan Native Hawaiian/Pacific IslanO Two or more racesO Unknown		atino	Qualifies for Free/Reduced School Lunch Program (select one) O No O Yes O Unknown

Allergies, Medical Conditions and/or Current Medications (food allergies and medication administered by Bob Burdette Center staff requires medical documentation - attach documentation before submitting registration form)

Physician Name	Physician Number	Have Medicaid?

Parent/Guardian 1	Parent/Guardian 2
First and Last Name	First and Last Name
Phone 1 (select type) O Cell O Home	Phone 1 (select type) O Cell O Home
Phone 2 (select type) O Cell O Home	Phone 2 (select type) O Cell O Home

Academic Information

School Year	Grade Level	School Name
WVEIS Number (lunch/3901 number)		

O Has IEP (attach documentation before submitting form)

O Has 504 Plan (attach documentation before submitting form)

By agreeing to allow your child to participate in the Bob Burdette Center program, you are granting permission for your child to participate in data collection and evaluations conducted by/connected with the Bob Burdette Center, Inc. This includes but is not limited to report cards, behavioral reports, program surveys, and standardized test scores.

Student Permissions	
	opt-in faith-based programming. I understand that if I do not grant permission, my n-faith-based programs or activities that are running concurrently. (select one)
I grant permission for my child to be included in pictures and videos connected with the Bob Burdette Center, Inc. and I authorize Bob Burdette Center, Inc. to use and publish the same in print and/or electronically. (select one) O Yes O No	
Parent/Guardian Signature	Date (mm/dd/yyyy)

Virtual Programming Consent Form

I hereby consent to the Bob Burdette Center, Inc.'s collection, use, and/or disclosure of information about my child through the registration process and other manual and/or electronic procedures of the Bob Burdette Center Traditional and Virtual Enrichment Programs. Due to COVID-19 related school dismissals, I understand that my child may be registered for a virtual course, and that the information collected is needed for course registration. This consent form covers all forms of distance learning courses, including but not limited to satellite courses, video courses, and web-based courses. Your child's image may be transmitted during video portions of distance learning and online courses. The information supplied to the course provider and/or the Bob Burdette Center, Inc. may include, but not be limited to: student name, address, phone number, age, gender, school name, grade level, email address, progress and participation in courses.

Parent/Guardian Signature

Date (mm/dd/yyyy)

Handbook Agreement

I have received and reviewed the Bob Burdette Center's Parent + Student Handbook and accept the terms, rules, and policies set forth.

Parent/Guardian Signature

Date (mm/dd/yyyy)

Registration Confirmation

You are required to complete the entire registration packet and provide any mandatory documentation requested above.

Please return this packet and documentation to your Bob Burdette Center Site Coordinator for prompt processing.

Your child may not begin the program until this packet has been approved by the Assistant Program Director.

If you have questions or need assistance, please contact the Bob Burdette Center at (304) 342-1158.

Parent/Guardian Signature

Date (mm/dd/yyyy)

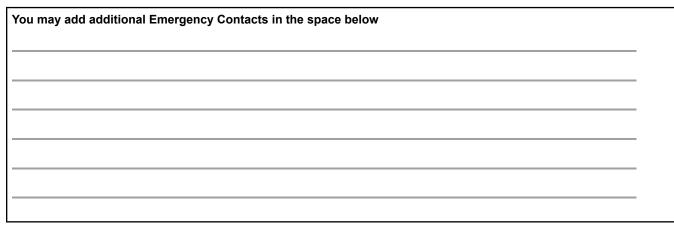
Please list any emergency contacts.

Be advised that emergency contacts will be authorized to sign out your child from the Bob Burdette Center.

Please Note: If there are persons who are <u>NOT</u> authorized to sign out your child, please list and specify "NO CONTACT" as Relationship Type. If the person is a biological parent, the custodial parent/legal guardian must provide the Bob Burdette Center with a court document of denial of rights. (attach documentation before submitting registration form)

Emergency Contact/Authorized to Pick Up	Emergency Contact/Authorized to Pick Up
First and Last Name	First and Last Name
Relationship Type	Relationship Type
Phone 1 (select type) O Cell O Home	Phone 1 (select type) O Cell O Home
Phone 2 (select type) O Cell O Home	Phone 2 (select type) O Cell O Home
Address (include city, state, and postal code)	Address (include city, state, and postal code)

Emergency Contact/Authorized to Pick Up	Emergency Contact/Authorized to Pick Up
First and Last Name	First and Last Name
Relationship Type	Relationship Type
Phone 1 (select type) O Cell O Home	Phone 1 (select type) O Cell O Home
Phone 2 (select type) O Cell O Home	Phone 2 (select type) O Cell O Home
Address (include city, state, and postal code)	Address (include city, state, and postal code)



Household Information Only

Head of Household

First and Last Name	Relation to
Phone 1 (select type) O Cell O Home	Phone 2 (select type) O Cell O Home
Address (include city, state, and postal code)	Work-Employer and Work-Title
Email	Work Phone

Household Members

First and Last Name	Relationship Type	Phone Number

First and Last Name	Relationship Type	Phone Number

First and Last Name	Relationship Type	Phone Number

First and Last Name	Relationship Type	Phone Number
First and Last Name	Relationship Type	Phone Number

Household Demographics

Family Type (select one)	Family Setting (select one)	Family Size (individuals in the household)
 O Foster Home O Homeless O Hotel/Motel O Own O Public Housing O Rent O Shelter 	 O Father Only O Foster Parent(s) O Grandparent(s) O Mother Only O Relative/Legal Guardian O Step and Birth Parents O Two Birth/Adoptive Parents 	Number of Adults (18 and older) Number of Children (under 18)

Total Household Income (select one)

O Monthly Household Income

O Annual Household Income