

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 _____ |
|----------------------------------|-----------------|

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|-----------------------|
| Home Address _____ |
|-----------------------|

| | | |
|---------------|----------------|----------------------|
| City _____ | State _____ | Postal Code _____ |
|---------------|----------------|----------------------|

| | | |
|---|---|---|
| Race (select one) <input type="radio"/> White/Caucasian <input type="radio"/> Black/African American <input type="radio"/> Asian/Asian American <input type="radio"/> Native American/Alaskan Native <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Two or more races <input type="radio"/> Unknown | Ethnicity (select one) <input type="radio"/> Non-Hispanic/Latino <input type="radio"/> Hispanic/Latino <input type="radio"/> Unknown Primary Language <input type="radio"/> English <input type="radio"/> Spanish | Qualifies for Free/Reduced School Lunch Program (select one) <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown |
|---|---|---|

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|---|
| 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? _____ |
|-------------------------|---------------------------|-------------------------|

| | |
|---|---|
| <p align="center">Parent/Guardian 1</p> First and Last Name _____ Phone 1 (select type) <input type="radio"/> Cell <input type="radio"/> Home _____ Phone 2 (select type) <input type="radio"/> Cell <input type="radio"/> Home _____ | <p align="center">Parent/Guardian 2</p> First and Last Name _____ Phone 1 (select type) <input type="radio"/> Cell <input type="radio"/> Home _____ Phone 2 (select type) <input type="radio"/> Cell <input type="radio"/> Home _____ |
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Academic Information

| | | |
|----------------------|----------------------|----------------------|
| School Year _____ | Grade Level _____ | School Name _____ |
|----------------------|----------------------|----------------------|

WVEIS Number (lunch/3901 number)

☐ Has IEP (attach documentation before submitting form)

☐ 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

I grant permission for my child to participate in opt-in faith-based programming. I understand that if I do not grant permission, my child will be expected to participate in other non-faith-based programs or activities that are running concurrently. (select one)

☐ Yes ☐ No

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)

☐ Yes ☐ 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)

Member’s Emergency Contacts

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 NOT 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) <input type="radio"/> Cell <input type="radio"/> Home | Phone 1 (select type) <input type="radio"/> Cell <input type="radio"/> Home |
| Phone 2 (select type) <input type="radio"/> Cell <input type="radio"/> Home | Phone 2 (select type) <input type="radio"/> Cell <input type="radio"/> 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) <input type="radio"/> Cell <input type="radio"/> Home | Phone 1 (select type) <input type="radio"/> Cell <input type="radio"/> Home |
| Phone 2 (select type) <input type="radio"/> Cell <input type="radio"/> Home | Phone 2 (select type) <input type="radio"/> Cell <input type="radio"/> Home |
| Address (include city, state, and postal code) | Address (include city, state, and postal code) |
| | |
| | |

You may add additional Emergency Contacts in the space below

Household Information Only

Head of Household

| | |
|--|--|
| First and Last Name _____ | Relation to _____ |
| Phone 1 (select type) <input type="radio"/> Cell <input type="radio"/> Home _____ | Phone 2 (select type) <input type="radio"/> Cell <input type="radio"/> 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 _____ |
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| First and Last Name _____ | Relationship Type _____ | Phone Number _____ |
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| First and Last Name _____ | Relationship Type _____ | Phone Number _____ |
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| First and Last Name _____ | Relationship Type _____ | Phone Number _____ |
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|------------------------------|----------------------------|-----------------------|
| First and Last Name _____ | Relationship Type _____ | Phone Number _____ |
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Household Demographics

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

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| Total Household Income (select one) <input type="radio"/> Monthly Household Income _____ <input type="radio"/> Annual Household Income _____ |
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