





## Texas ACE 21<sup>st</sup> Century Registration 2020 Summer Enrichment Distance Learning Camp

Student Last Name	Student First Name	Middle Initial	Home Phone			
			Cell Phone			
Home Street Address/	Apt.#	City/State	e/Zip			
Grade in August 2014:	Hom	eroom Teacher:				
	Ethnic	city/Race: (Two Part Qu	uestion, Please Complete Both Section)			
Age Gender (M or F)	Ethnicity (	Ethnicity (Choose one)  Hispanic/Latino or  Not				
Soc. Sec. #	Race (Cho	ose one or more, regard	dless of ethnicity):			
Soc. Sec. #	□ Amer	rican Indian/Alaska Nat	ive (1)			
Birth Date / /		African American (3)	□ White (4)			
Bitti Bute		e Hawaiian/Other Pacif	, ,			
	- Ivativ	C Hawahah Other I ach	ite Islander (3)			
Student receives: (check one)	Student lives with: (check	k one)				
☐ Free Lunch	☐ Both parents ☐	Single parent mother	er  Single parent father			
Reduced Price Lunch		<b>C</b> 1				
□ Not Eligible	☐ Foster care ☐	Guardian	☐ Other			
· ·	n adult advocate is a voluntee	er that is not a paid scho	ool day or after school program staff member)?			
Yes □ No □						
Please Check one or more courses you	will sign up for					
Please Check one of more courses you	will sight up for.					
Technology / Digital Storytelling:	Art Club: Chess	Club: Guita	r Club: Dance Club:			
Technology /Drones:						
Academic Assistance: Math.	Science:	Social Studies:	ELA:			
iviatii.						

HOUSEHOLD INFORMATION								
Parent/Guardian 1 Last Name	First Name	Home Phone	Work Phone	Relationship				
Email Address:			1	_				
Parent/Guardian 2 Last Name	First Name	Home Phone	Work Phone	Relationship				
Email Address:				_				
ADULTS AUTHORIZED TO be able to pick up the student(s).		If no adults are list	ted below ONLY T	THE PARENT / GUARI	DIAN WILL			
Name:	Phone Number:			Relationship:				
Name:	Phone Number:			Relationship:				
Name:	Phone Number:			Relationship:				
PARE	ENT / GUARDIAN F	PERMISSION FO	OR ACE ACTIV	VITIES				
	*PLEASE	READ CARI	EFULLY*					
I hereby give permission for the pincluding academic assistance, er arises, program staff will take all vehicle for transport to an emerge expenses incurred.	nrichment, college and ca steps necessary to ensure	reer readiness and p the safety of the pa	arent engagement articipant and will c	activities. If a medical estall, if necessary, a publi	mergency ic emergency			
I further give my consent to the s providing educational support an records to evaluate individual pro to obtain continued funding for the	d assistance. In addition, ogress and improvement,	I understand that scl	nool district and / o	or Texas ACE will use p	articipant			
	k box for consent) I also ram activities, to be used				oant's			
I hereby certify that I have read a	nd do understand the abo	ove information:						
Print Name								

## Please Note:

The Texas ACE program is not licensed with the Texas Department of Family and Protective Services (DFPS). DFPS does not regulate our operations. Texas ACE is not a child-care facility, day-care center, or licensed before-school or after-school program. Our program does not offer child-care services

Signed \_\_\_\_\_\_Date \_\_\_\_