



**Pottstown
School District**

www.pottstownschoos.org

Pottstown High School • 750 N Washington St • Pottstown PA 19464 • (610) 970-6700

Prepare Each Student, By Name, For Success at Every Level

**Pottstown High School 21st Century Community Learning Center
Enrollment Form**

NAME _____ **Grade** _____ **Homerroom** _____

Parent /Guardian Name _____ **Date** _____

Phone number _____ **Email address** _____

Insurance Coverage Yes___ No___ **Insurance Company** _____ **Policy #** _____

Medical Assistance Card (DPA) _____ **Card #** _____ **Recipient** _____

I will attend the 21st Century Community Learning Center Programs at PHS.

I will participate in academic and enrichment activities.

Student Signature _____

Which 21st Century Community Learning Center Activities do you plan to attend?

- Robotics Club
- Engineering Club
- Math Help After School
- Learning Center
- Fitness Center
- Art Appreciation - HS Musical
- SAT/ACT Prep
- Breakfast Club
- Trojan Troop

As the parent/guardian: I hereby give my child permission to attend the 2017/2018 21st CCLC program

Parent /Guardian Signature _____ **Date** _____

