



Alamo Navajo School Board, Inc.
P.O. Box 5907
Alamo, New Mexico 87825
(575) 854-2543 Voice ** (575) 854-2545 Fax

President
Rick J. Padilla, Sr

Vice President
Raymond Apachito, Jr.

Members
Cecil Abeyta
Marie Pino
Carol Vicente

Parent Consent
21st Century Community Learning Center
Tutoring and Clubs
(2025-2026)

I, _____, hereby give consent for my child,
_____, to attend the 21st Century afterschool program.

Days will depend on teacher availability for clubs and tutoring.

3:30pm to 5:30pm on (circle all that apply):

Monday Tuesday Wednesday Thursday Friday

Snacks will be provided each day. Friday hours from 7:30AM to 5:00PM. Parent pick up on Fridays. No bus.

Bus Transportation will be provided or Parent/Guardian Pick up for Clubs and Tutoring Monday through Thursday at 5:30pm at the Flagpole.

No afterschool tutoring or clubs on home game days, and half days/early release. Early Release parent pick up only at 21st Century Learning Center.

I understand that my child will be provided adequate supervision during the times listed above for the purpose of safety and guidance. Should an emergency arise, the staff has my permission to seek medical attention.

Sign and return to your child's teacher.

Parent /Guardian Signature: _____ Date: _____

-----Tear off for your records-----

21st Century
Tutoring and Clubs
(2025-2026)

My child _____ will be taken home by bus on
(Circle all that apply): Monday Tuesday Wednesday Thursday Parent pick up on Fridays.
Snacks will be provided each day.

Parent/Guardian Pick up for Clubs and Tutoring Monday through Thursday at 5:30pm. PIT Meeting - Childcare
No afterschool tutoring or clubs on home game days, and half days/early release. Early Release Parent Pick Up
Only for 21st Century Learning Center.

Parent Consent (2025-2026)
21st Century Community Learning Center: Tutoring and Clubs

Student Information: Student Name: _____

Grade: _____ Age: _____ DOB: ____ / ____ / ____

Medical Information (any medical information/condition that we need to be aware of, example: asthma, nose bleeds): _____

Allergies (foods/medications) : _____

Physical Address (not PO Box)

Parent/Guardian: Name: _____ Relationship to student: _____
Phone Number: _____ Place of employment: _____
Work Phone Number: _____

Parent/Guardian:
Name: _____ Relationship to student: _____
Phone Number: _____ Place of employment: _____
Work Phone Number: _____ Emergency Contact (If we cannot contact you, whom can we contact if there is an emergency? Who will be allowed to pick up your child?)
Must be 18 years of age:

Name: _____ Relationship: _____
Phone number: _____

Name: _____ Relationship: _____
Phone number: _____

Name: _____ Relationship: _____
Phone number: _____

Release information:

Your signature indicates that a staff member for 21st Century Community Learning Center may have access to your child's enrollment folder for the following reasons, as required by the program:

1. To ensure that all children are up to date with their immunization and physical exams.
2. To ensure that each child is enrolled in an Early Childhood Program, or the Alamo Navajo Community School.
3. To ensure that each Early Childhood participant has been screened.

Parent/Guardian Signature: _____ Date: _____

In order for 21st Century Learning Center students to benefit from the program, they must be in attendance one day a week. Students will be dropped from the program if participation is less than one day a week. They will be placed a waiting list to re-enter the program.

For Staff Use Only: Enrollment Folder reviewed on: _____

Staff Member: _____ Signature: _____