

Registration for Project STIR Class

Beginning Tuesday, April 16, 2025 at 3:30PM – 4:30PM

Please return this form to the Community Learning Center by Friday, April 11, 2025

Student's Name: _____

Date of Birth: _____ Guardianship Status: (circle one) Guardian No Guardian

Address: _____

Phone #: _____

Contact Person (if student cannot be reached): _____

Contact Phone (if student cannot be reached): _____

Will you be able to attend all classes from 3:30-4:30PM on Wednesday afternoons beginning April 16, 2025?

(Circle one): Yes No

Please make sure you read the attached flyer and the list of class rules and expectations before signing below.

I have read the information provided regarding the Project STIR classes and I am willing to commit to regular participation in the class. *I understand that if I miss the weekly class more than three times during the duration of the course, without prior notification to the Community Learning Center of my absence, or have an excessive number or absences, I will **NOT** receive a certificate of graduation for the class. I agree to contact the Community Learning Center calling (660-665-9400 ext.4) or by email (clc@sb40life.org).*

Student's signature _____

To be completed for students who have a legal guardian(s):

I hereby give my permission for _____ to participate in the Project STIR class.
(Student's name)

Guardian's signature: _____ **Date:** _____

(If you would like to know more about Project STIR before giving consent please notify us at clc@sb40life.org.)

(Please make sure to complete information on the reverse side of page. If you do not have a current Community Learning Center waiver you will be asked to complete one before beginning the class.)
Page 1 of 2

Additional information – please complete this page

Student's Name: _____

Emergency Contact Information – fill in all that apply:

Guardian (if applicable): _____

Guardian Phone Number (if applicable): _____

Provider Agency (if applicable): _____

Agency Phone Number (if applicable): _____

Other Emergency Contact: _____

Phone Number: _____

Have you taken the Project STIR class before? (Circle One): Yes No

Please complete these questions if you answered YES:

If you did, why do you want to take the class again? _____

What do you remember the most or liked the most about the class? _____

What skill did you learn that you have found the most helpful? _____

What would you like to learn more about? _____

Please let us know if you need a Community Learning Center Waiver to complete!