Lompoc Teen Center
2026-2027 Registration

Register Online
Scan or Visit
lompocteencenter.org/register

Student Member Information

1. First Name
2. Last Name
3. Preferred Name
4. Date of Birth
5. Gender ○ F ○ M
6. Pronouns ○ He/Him/His ○ She/Her/Hers ○ They/Them/Theirs
7. School
8. Grade
9. Residential Address
Apt./Unit
10. City
11. Zip Code
12. Phone
☐ SMS

13. Ethnicity and Race (For statistical purposes only. Select all that apply.)

- ☐ White - Hispanic
- ☐ White - Non-Hispanic
- ☐ Black/African American - Hispanic
- ☐ Black/African American - Non-Hispanic
- ☐ Asian - Hispanic
- ☐ Asian - Non-Hispanic
- ☐ American Indian/Alaskan Native - Hispanic
- ☐ American Indian/Alaskan Native - Non-Hispanic
- ☐ Native Hawaiian/Other Pacific Islander - Hispanic
- ☐ Native Hawaiian/Other Pacific Islander - Non-Hispanic
- ☐ American Indian/Alaskan Native & White - Hispanic
- ☐ American Indian/Alaskan Native & White - Non-Hispanic
- ☐ Asian & White - Hispanic
- ☐ Asian & White - Non-Hispanic
- ☐ Black/African American & White - Hispanic
- ☐ Black/African American & White - Non-Hispanic
- ☐ Am. Indian/Alaskan Native & Black/African American - Hispanic
- ☐ Am. Indian/Alaskan Native & Black/African American - Non-His.
- ☐ Other Multi-Racial - Hispanic
- ☐ Other Multi-Racial - Non-Hispanic

Student Member Medical Information

1. Medical Conditions (Select all that apply.)

- ☐ No Medical Concerns
- ☐ Allergies
- ☐ Asthma
- ☐ Behavioral/Mental Health
- ☐ Blood Disorders
- ☐ Chronic Illnesses
- ☐ Diabetes
- ☐ Epilepsy/Seizure Disords.
- ☐ Headaches/Migraines
- ☐ Heart Conditions
- ☐ Hearing/Vision Impairs.
- ☐ Physical Disability
- ☐ Other: _____

2. Allergies
3. Medications
Dose/Frequency
4. Assistive Devices
5. Treatments
Duration/Freq.
6. Emergency Contact Name
7. Relationship
8. Phone
9. Residential Address
Apt./Unit
10. Physician Name
11. Clinic
12. Phone
13. Insurance Provider
14. Insurance ID

Parent/Legal Guardian Information

1. First Name
2. Last Name
3. Relationship
4. Phone
5. Residential Address
Apt./Unit
6. City
7. Zip Code
8. Email

Financial Information

1. Is your household a single-parent household? ○ N ○ Y
2. Are you the head of your household? ○ N ○ Y
3. Total Household Size
4. Total Household Income (Monthly Gross)
5. Does anyone in your household receive any form of government assistance? (Select all that apply.)
☐ CalFresh ☐ Medical ☐ SSDI/SSI ☐ TANF

Staff Use Only

1. Registration Date
2. Staff Member
3. Registration Fee(s)
☐ LTC ($50) ☐ ☐
4. Payment Method
☐ Cash ☐ Check ☐ Online
5. Scholarship
$

Yes I Can-Si Se Puede Program (2026-2027)

The Yes I Can-Si Se Puede program at the Lompoc Teen Center partners with Lompoc Unified School District (LUSD) to provide after school and out-of-school academic support services to middle and high school students . Program services include academic advising, mentoring, tutoring, snacks, transportation, and an annual $500 post-secondary scholarship fund. Continuous registration in the program and receipt of post-secondary scholarship funds is contingent upon meeting specific program criteria as outlined in the program registration and scholarship agreements.

Capacity in the program is limited and priority is given to student members determined to be most at-risk by the Program/Case Manager. Completing this section does not guarantee registration in the Yes I Can-Si Se Puede program.

1. Are you interested in registering your teen in the Yes I Can-Si Se Puede program during the 2026-2027 academic school year?

○ N ○ Y

2. Was your teen registered in the Yes I Can-Si Se Puede program last academic school year (2025-2026)?

○ N ○ Y

3. What is your teen's cumulative Grade Point Average (GPA) as of last academic school year (2025-2026)?

4. Does your teen currently have an active educational plan? (Select all that apply.)

☐ 504 ☐ ELA/ELD/ESL ☐ IEP ☐ Special Ed.

☐ My teen does not currently have an active educational plan

5. Does your teen currently participate in a school-based educational program? (Select all that apply.)

☐ Advanced Placement (AP) ☐ AVID ☐ Honors

☐ My teen does not currently participate in an educational program

6. Is your teen currently struggling academically in any core subject(s)? (Select all that apply.)

☐ English ☐ History ☐ Math ☐ Science

☐ My teen is not struggling academically in any core subject

Open Door Policy

Parent/Guardian Initials

The Lompoc Teen Center (LTC) maintains an open door policy that allows student members to check-in and check-out independently. I, the undersigned parent or legal guardian, acknowledge that the LTC holds no responsibility or liability for student members once they have checked-out from the LTC.

Acknowledgment of Receipt of the Lompoc Teen Center Catalog and Student Member Code of Conduct

Parent/Guardian Initials

I, the undersigned parent or legal guardian, acknowledge that I have received, read, and understood the Lompoc Teen Center Catalog and Student Member Code of Conduct, and agree to abide by its policies and guidelines alongside my student member.

Audio/Photo Release

Parent/Guardian Initials

I, the undersigned parent or legal guardian of the student member, a minor, hereby grant the Lompoc Teen Center (LTC) and its representatives the irrevocable right and permission to photograph, film, record, and use the student member's name, voice, image, and likeness in any and all forms of media, including but not limited to photographs, video recordings, and audio recordings (collectively, "Materials"), for the purposes of promoting, publicizing, and documenting the activities and events of the LTC. I understand and agree that these Materials may be used by the LTC in promotional materials, including but not limited to print, digital, and social media platforms, without any further approval from me or any payment to me or the student member. I waive any right to inspect or approve any Materials before they are used or released by the LTC. I hereby release and discharge the LTC, its board, staff, volunteers, agents, partners, and sponsors from any and all claims, liabilities, or damages that may arise from the use of the Materials, including but not limited to any claims of invasion of privacy, defamation, or infringement of copyright or other intellectual property rights. I represent and warrant that I am the parent or legal guardian of the student member and that I have the legal authority to execute the release on the minor's behalf. I have read and fully understand the contents of this release and voluntarily agree to its terms.

Student Transportation Authorization

Parent/Guardian Initials

I, the undersigned parent or legal guardian, grant permission for my student member to be transported in the Lompoc Teen Center (LTC) approved vehicles for official LTC purposes, including but not limited to activities, events, excursions, and programs. I understand that all safety precautions will be taken, and I accept the inherent risks associated with the transportation of students.

Authorization to Treat a Minor

Parent/Guardian Initials

I, the undersigned parent or legal guardian, hereby grant permission for the Lompoc Teen Center (LTC) staff or designated personnel to obtain medical treatment for my student member in case of illness or injury. I understand that every effort will be made to contact me before seeking such treatment, and I accept full financial responsibility for any related expenses.

Release from Liability, Assumption of Risk, and Indemnity Statement

Parent/Guardian Initials

I, the undersigned parent or legal guardian, hereby release the Lompoc Teen Center (LTC) and its board, staff, volunteers, agents, partners, and sponsors from any liability for injury, loss, or damage resulting from my student member's participation in LTC activities, events, excursions, or programs.

I, the undersigned parent or legal guardian, acknowledge and accept that my student member's participation in Lompoc Teen Center (LTC) activities, events, excursions, or programs may involve inherent risks, including but not limited to physical injury or harm. I assume all risks associated with my student member's involvement in these activities, events, excursions, and programs.

I, the undersigned parent or legal guardian, hereby agree to indemnify, defend, and hold harmless the Lompoc Teen Center (LTC), its board, staff, volunteers, agents, partners, and sponsors from and against any claim, liabilities, or expenses, including reasonable attorney fees arising out of or related to my student member's participation in LTC activities, events, excursions, or programs.

I, the undersigned parent or legal guardian, confirm that I have read and understood the above statements and recognize their legal implications, including the prevention of suing the Lompoc Teen Center (LTC), its board, staff, volunteers, agents, partners, or sponsors in the event of injury or damage arising from my student member's participation in LTC activities, events, excursions, or programs. I acknowledge that no oral representations, statements, or inducements have been made.

Parent/Guardian Name | Parent/Guardian Signature | Date