

The Children's Afterschool Center
Child Enrollment Application

See additional pages for the Code of Conduct.



Last Name _____ First _____ Sex _____
Home Address _____ City _____ State _____ ZIP _____
School Grade (in September) _____ DOB _____
Health Provider (Physician) _____ Phone# _____
Address _____
Allergies _____
Current Medications _____

Please fill out the information completely. Both parents will be able to pick up their child from our program unless a copy of court documents showing proof of custody is attached.

Mother's Name _____ Home# _____ Cell# _____
Home address _____
Employer _____ Work# _____
Address _____ Occupation _____
E-Mail _____

Father's Name _____ Home# _____ Cell# _____
Home address _____
Employer _____ Work# _____
Address _____ Occupation _____
E-Mail _____

Two additional names must be provided in case of an emergency. We will call either one.

Name _____ Address _____
Home# _____ Cell# _____ Work# _____
Name _____ Address _____
Home# _____ Cell# _____ Work# _____

Pick up authorization: The following people have permission to pick up my child:

Names _____

Custody of child: Both parents Mother only Father only Joint/Split Grandparent

Transportation: I give permission for the Children's Afterschool Center to transport my child in any vehicle the program chooses for any scheduled class trips as indicated on the calendar. I agree to sign the trip permission sheet each month. I agree that The Children's Afterschool Center reserves its right to prohibit any child from attending trips.
Initial _____

I agree to pay a registration and deposit fee. Credits and refunds are not given for any reason. If for any reason my check is returned from the bank we agree to pay the \$35.00 fee. Initial _____

In the event of a emergency, I hereby give permission to the physician selected by the Director to hospitalize, to secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. Initial _____

I understand The Children's Afterschool Center may not administer any medication without a doctor's note along with the original container. Initial _____

The Children's Afterschool Center has posted in a prominent location on the parent board (and its Web site) its policy on discipline as well as its tuition sheet, explosion policy, and welcome letter to parents. I have read them and I am in agreement with-them. I understand that I may at any time speak with the director about any of the policies.
Initial _____

Mother's Signature _____ Father's Signature _____

Director's Signature _____ Enrollment Date _____