The Children's Afterschool Center Child Enrollment Application



| Last Name | | | First | | Sex |
|--|---|---------------------------------------|--|-----------------------|---------------------------------------|
| Home Address | | | City | State | ZIP |
| | | | DOB | | |
| Health Provider (Physician) | | | | Phone# | |
| Address | | | | | |
| Allergies | | | | | |
| Current Medication | S | | | | |
| | nformation completel uments showing pro | • | ill be able to pick up tached. | their child from ou | ur program unless |
| Mother's Name | | | Home# | Cell# _ | |
| | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | Work# | |
| Address | | | | Occupation _ | · · · · · · · · · · · · · · · · · · · |
| E-Mail | | | | | |
| Father's Name | | | Home# | | |
| | | | | | |
| | | | | | |
| | | | | Occupation _ | |
| E-IVIAII | | | | | ····· |
| Two additional nam | nes must be provided | d in case of an em | ergency. We will ca | II either one. | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Work# | | |
| • | on: The following peo | | ion to pick up my ch | ild: | |
| Custody of child: | ☐ Both parents | ☐ Mother only | ☐ Father only | ☐ Joint/Split | Grandparent |
| chooses for any sch | eduled class trips as | indicated on the ca | ool Center to transporulendar. I agree to sig ves its right to prohibit | n the trip permission | n sheet each |
| | stration and deposit form the bank we agree | | unds are not given fo fee. Initial | r any reason. If for | any reason my |
| | | | physician selected burgery for my child as | | |
| I understand The Ch the original containe | | Center may not adr | ninister any medicatio | on without a doctor | s note along with |
| on discipline as well | as its tuition sheet, e | xplosion policy, an | t location on the pare d welcome letter to pa beak with the director | arents. I have read | them and I am in |
| Mother's Signature | | · · · · · · · · · · · · · · · · · · · | Father's Signature _ | | |
| Director's Signature | | | Enrollment Date | | |