



Please select program:

- Before After Before & After
- Drop-In Summer Camp Holiday Camp

ENROLLMENT APPLICATION

Student Information:

Date of Birth: _____ Sex: _____

Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Address: _____

Primary Hours of Care From: _____ To: _____

Family Information:

Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Contacts:

Child will be released only to the custodial parent or legal guardian & the persons listed below. The following people will also be contacted & are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name	Address	Work#	Home #

Name	Address	Work#	Home #

Custody: mother ____ father ____ both ____ other ____

By signing below, you verify that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date