FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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