



Enrollment Form for
BeforeCare, KinderCare, & AfterCare
This form must be completed for each child

Youth Information:

Child's Name: _____ Grade in 2016/17: _____
Gender: _____ DOB: ___ / ___ / ___ Primary Language Spoken at Home: _____
Street Address: _____ State: _____ Zip: _____
Home Phone: _____ Work / Cell Phone: _____

Description of Your Child:

Please tell us about your child. Describe his or her interests, hobbies, extracurricular activities, and anything else that will help us get to know your child better.

Family Information

Family Member Name: _____
Family Member Description (mother/father/other): _____
Street Address: _____ State: _____ Zip: _____
Phone No(s): _____ Email: _____

Family Member Name: _____
Family Member Description (mother/father/other): _____
Street Address: _____ State: _____ Zip: _____
Phone No(s): _____ Email: _____

Transportation

I (or someone I designate will pick my child up from the program.

Name of Person and Alternate(s): _____

- I plan on submitting an Exception Request to have my Kindergarten student take the 3:00pm bus. *Kindergarten students only.*
 - Other (please specify): _____
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Health Release

- I give permission for the activity leader in charge to act on my behalf to take measures he or she deems necessary in the event of sickness or injury. I agree to pay for any medical expenses for my child whose name appears above.

Current medical conditions (including allergies) or medication: _____

Permissions

Please indicate below whether you give permission for the following things:

The program to take and use photos of your child for the purpose of promoting the program (e.g., on our website, in program brochures)

- Yes No

The program to take and use videos of your child for the purpose of promoting the program (e.g., on our website, in program brochures)

- Yes No

The program to survey your child occasionally in order to improve the program (Note: Any survey that is part of a research study or for any purpose other than program improvement will have a separate permission process. This is just for program improvement information.)

- Yes No

_____ I understand and agree to all billing procedures & policies presented in my parent handbook.

_____ I understand and agree to all policies and procedures stated in the After School Programs Family Handbook.

Parent/Guardian Names and Signature(s):

Parent/Guardian Names: _____
(please print)

Signature: _____ Date: _____

Signature: _____ Date: _____