



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

**Youth Information:**

Child's Name: \_\_\_\_\_ Grade in 2017/18: \_\_\_\_\_  
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.

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_