

**Before and After School Care Program
Enrollment Form**

Grade: _____ Days Attending: M _____ T _____ W _____ TH _____ F _____

Child's Name: _____ Male _____ Female _____

Email Address: _____

Home Address: _____

Home Address (if different than child's) _____

Home Phone: _____

Mother's Name _____ Cell Number: _____

Employer's Name/Address: _____

Work Phone _____

Dad's Name _____ Cell Number: _____

Employer's Name/Address: _____

Work Phone _____

If there is a divorce, please indicate which whom the child primarily resides: _____

If there is a divorce and there is shared custody agreement, please attach a monthly schedule of the child's residency to this form. Please provide a copy of the same information in the Main Office. Thank you.

Emergency Contact information:

NAME	PHONE#	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Before and After School Care Program
Designated Individuals for student pick-up**

Child's Name: _____

I/We permit the following individuals to pick up my/our child(ren) from SMLS After Care School Program.

Name (print) _____ relation _____

Name (print) _____ relation _____

Name (print) _____ relation _____

Name (print) _____ relation _____

Medical Information

Pediatrician's Name: _____

Address: _____

Phone Number _____

Please list any known allergies: _____

Please list any medications that your child will need to take in the event of an emergency due to a medical condition, while attending Before or After Care.

In the event of an extreme emergency, when I cannot be reached, I prefer that my child be transported to _____ for emergency care.

Health Plan: _____ Group ID: _____

Subscriber's Name: _____ ID# _____

I hereby give permission to SML school personnel to obtain medical treatment for my child in the event of an emergency when I cannot be contacted. This permission authorizes medical personnel to perform emergency treatment necessary.

Parent Signature

Date