Before and After School Care Program
Enrollment Form

Grade:_____ Days Attending: M_____T_____W_____TH_____F_____

Childs 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 ned 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