

AFTERSCHOOL ENROLLMENT FORM

GRADE K THRU 5



I. GENERAL INFORMATION

Child's Name _____
(Last) (First) (Middle) (Name Used)

Street Address _____

(City) (State) (Zip Code)

Home Phone _____ Church You Attend _____

Sex: Male Female D.O.B. ___ / ___ / ___ Social Security No. ___ - ___ - ___

School Child Attends: _____ School Phone _____

Street Address of School _____ Zip Code _____

Grade student is enrolled in for the current school year: _____ Age of student: _____

Are the child's immunization records on file at the school he/she attends? Yes No

Does the child live with both parents? Yes No

If the answer is NO, which parent/person does the child live with? Father Mother
 Grandparents Other _____

If the child is not living with the parent/parents, has the person responsible for the child's welfare given certified documentation to the Academy office? Yes No

Father's Information:

Father's Name _____ Social Security No. ___ - ___ - ___

Home Address _____ Zip Code _____

Home Phone _____ Cellular Phone _____

Father's Employer _____ Business Phone _____

Business Address _____ Zip Code _____

Father's Business Hours: Day Night Hours: ___ a.m./p.m. to ___ p.m./a.m.

Mother's Information:

Mother's Name _____ Social Security No. ___ - ___ - ___

Home Address _____ Zip Code _____

Home Phone _____ Cellular Phone _____

Mother's Employer _____ Business Phone _____

Business Address _____ Zip Code _____

Mother's Business Hours: Day Night Hours: ___ a.m./p.m. to ___ p.m./a.m.

II. Emergency Information

Person/persons, other than the parents, who are authorized to act in case of an emergency, or to pick up my child in my absence.

1. Name _____ Home Phone _____
Home Address _____ Zip Code _____
Employer _____ Business Phone: _____
Business Address _____ Zip Code _____
2. Name _____ Home Phone _____
Address _____ Zip Code _____
Employer _____ Business Phone: _____
Business Address _____ Zip Code _____
3. Name _____ Home Phone _____
Address _____ Zip Code _____
Employer _____ Business Phone: _____
Business Address _____ Zip Code _____
4. Name _____ Home Phone _____
Address _____ Zip Code _____
Employer _____ Business Phone: _____
Business Address _____ Zip Code _____

III. Medical Information

1. Is your child taking any medication(s)? Yes No If YES, please list below. (You must sign a *Medical Authorization Form* before the staff will administer any medication.) Also, please list any side effects which might occur and the appropriate action to be taken: _____

2. Does your child have any allergies to medicines or insects? Yes No If YES, please list below. Also, please list any side effects which might occur and the appropriate action to be taken: _____

3. Does your child have any asthma or wheezing? Yes No
4. Does your child have seizures? Yes No
5. Is your child a hemophiliac (free bleeder)? Yes No

6. Does your child have any special problems not indicated above? Yes No If YES, please explain: _____

IV. Medical Waiver

On those occasions when I am unavailable, I, _____, authorize the staff of Grace Covenant Baptist Academy to obtain emergency medical assistance for my child, _____.

Local Physician _____ Office Telephone _____
Group Name _____
Address _____ Zip Code _____
Insurance Provider _____ Policy No. _____

Signature of Parent or Legal Guardian _____ Date _____

