

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 _____ Email _____

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 _____ Email _____

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

