



ABC's

SCHOOL-AGE CENTERS

(Pre-K, Before & After Care K-5th, Bright Summer Camp)



ENROLLMENT DATE _____ WITHDRAWAL DATE _____

CHILD'S NAME	AGE	SEX	BIRTHDAY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Home Address _____ Home Phone _____
 City _____ Zip _____ Cell Phone _____
 Mother's Name _____ Occupation _____
 Employer & Address _____ Bus. Phone _____
 Father's Name _____ Occupation _____
 Employer & Address _____ Bus. Phone _____

If neither Parent can be reached in an emergency call:

Name & Address _____ Home Phone _____
 Relationship to Child _____ Bus. Phone _____

Persons designated to pick up child:

Names and relationships of persons not permitted to pick up child:

Names, ages and sex of other children not enrolled in Before and After School Program/Summer Camp:

Names and relationship of other adults living in home:

MEDICAL HISTORY

Child's Doctor _____ Address _____
 Phone _____
 Child's Dentist _____ Address _____
 Phone _____
 Hospital of choice _____ Address _____
 Phone _____
 Date of Last Immunization: DPT _____ Polio _____ Chicken Pox _____
 Hard Measels _____ Mumps _____ Rubella _____ HIB _____
 Past history of serious illness, injury, lacerations, allergies, penicillin or drug reactions, special medication,
 diet routines, handicaps or special needs: _____

I hereby give my permission to the center's staff to obtain a doctor for medical or surgical care for my child should an emergency arise. I understand that conscientious effort will be made to locate me at the above numbers as soon as possible. It is understood that any expense incurred will be accepted by the parent. I also give my permission for my child to participate in camp activities either walking or riding away from base camp location. It is understood that the group will be properly staffed and any vehicle will be insured as required by the school licenses.

My child has no health condition or illness that would prevent him/her from participating in any of the program's activities.

Date _____ Signature _____