



Aftercare Enrollment Form 2017-18

**Entrance Date** \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Date of birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Father's Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone/Cell Number \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Legal Guardian(s): ( ) Both Parents ( ) Mother ( ) Father ( ) Other ( ) Restrictions

*The child may be released to the person(s) signing this agreement or to the following:*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Alternate Telephone Number \_\_\_\_\_ Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Alternate Telephone Number \_\_\_\_\_ Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

**Persons to contact in the case of emergency when parent or guardian cannot be reached:**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Child's doctor: \_\_\_\_\_ Phone \_\_\_\_\_

My child has the following special needs \_\_\_\_\_

\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while in aftercare: \_\_\_\_\_

\_\_\_\_\_

My child is currently on medication(s) prescribed for Long-term continuous use and/or has the following preexisting illness, allergies, or health concerns: \_\_\_\_\_

\_\_\_\_\_

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**EMERGENCY MEDICAL AUTHORIZATION**

Should (child's name) \_\_\_\_\_ Date of Birth \_\_\_\_\_

suffer an injury or illness while in the George Walton Academy Aftercare Program and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment of services.

**Parent/Guardian:** \_\_\_\_\_

Print name Signature Date

**Parent/Guardian:** \_\_\_\_\_

Print name Signature Date