



Aftercare Enrollment Form 2020-2021

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

PARENT EMAIL: _____

PARENT EMAIL: _____

****Registration for Aftercare is 25.00 per year.**

For the first 15 minutes that you here after 6:00 pm, you will be charged \$1.00/minute.

After 15 minutes, you will be charged \$5.00/minute.



I (*print name*) _____, have been advised and understand that the afterschool care at George Walton Academy is not a licensed daycare center and is not required to be licensed by the state.

Questions regarding this exemption status should be directed to the Bright from the Start program with the Georgia Department of Early Care and Learning. The department's phone number is 404.657.5562 and the website address www.decal.ga.gov

Child's Name _____

Parent's Signature _____

Date _____