

Admission Date: _____

Termination Date: _____

S.A.F.E After School Program

11-12

Enrollment Form

Child's Name: _____ D.O.B: _____ Age: _____

Address: _____ Town: _____ State: _____

What is your Child's weight: _____ (If under 80lbs will need a booster seat for the Van)

Parent #1: _____ Address: _____

Parent #2: _____ Address: _____

Phone numbers where parents can be reached during the day:

Parent #1 (H): _____ Parent #1 (W): _____

Parent #2 (H): _____ Parent #2 (W): _____

E-mail address

Other method of contact while your child is in our care (i.e. Cell Phone or Pager):

Parent #1's place of employment & their address:

Parent #2's place of employment & their address:

Persons to contact in case of emergency ***OTHER THAN PARENT OR GUARDIAN** Please be sure to include a non-family member contact (neighbor, friend etc.)

Contact #1: _____ Phone #: _____

Relationship to child: _____ Address: _____

Contact #2: _____ Phone #: _____

Relationship to child: _____ Address: _____

Medical Information:

Doctor's Name: _____ Phone #: _____

Address: _____ Town/State: _____

Dentist's Name: _____ Phone #: _____

Address: _____ Town/State: _____

If, in the event of an emergency and your doctor cannot be reached, we will use

Kittery Family Practice

Which hospital do you use? _____

Any allergies, disabilities, or other medical conditions? If yes, please explain:

Please list any special needs (or any other information) that you would like to share with our staff to help them provide proper care for your child.

Release Information:

Please list anyone who has your permission, including your name and your spouses/partners name, to pick up your child from this program. Anyone who is not listed will not be permitted to remove your child from the program.

Please list anyone that does not have your permission to pick up your child from this program. Please include their relationship to your child.

Which school will your child be attending? _____

What grade will your child be entering? _____

Which days of the week will your child be attending?

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Your signature at the bottom of this page acts as your contract and agreement to the payment contract guidelines outlined in the parent packet. This guarantees payment for the services rendered. Signing this form enables your child to have a reserved sp

Parent/Guardian Signature

Date

YOUR CHILD WILL NOT BE ENROLLED UNTIL ALL AREAS ARE FILLED OUT COMPLETELY. THIS INCLUDES ADDRESSES AND PHONE NUMBERS OF DOCTOR, DENTIST AND ALL CONTACTS.