

2024-2025 AFTER SCHOOL CARE ENROLLMENT

							Grade for 2024-2025 School Year:					
Name of Student:	Last) (:			Male	Female					
Des forme d Norman		First	Mia		-9.							
				Does The Student Reside	e/:							
Home Address:				City	State	Zi	p Code					
Father/Guardian:				Mother/Guardia	an:							
				Address:								
Cell Phone:				Cell Phone:								
				Employer:								
Work Phone:				Work Phone:								
Email Address:				Email Address:								
Physician Name:				Phone Number:								
Dennovi (anno)												
Does your child have a												
Does your child have a				pre-existing medical con	dition	dietary	restrictions					
Does your child have aallergies	ny of the following?:	daily medication	1f	pre-existing medical con	dition	dietary	restrictions					
Does your child have aallergies Please explain:	ny of the following?:	daily medication	1f	pre-existing medical con			restrictions					
Does your child have aallergies Please explain:	ny of the following?: Epi-pen	daily medication	1f	pre-existing medical con			restrictions					
Does your child have a allergies Please explain: (Initials) I authori	ny of the following?: Epi-pen ze Calvary Baptist Early	daily medication	nF	pre-existing medical con	vent of an emo	ergency.						
Does your child have a allergies Please explain: (Initials) I authori	ny of the following?:	daily medication	nF	pre-existing medical con	vent of an emo	ergency.						
Does your child have a allergies Please explain: (Initials) I authori	ny of the following?: Epi-pen ze Calvary Baptist Early	daily medication	nF	pre-existing medical con	vent of an emo	ergency.						
Does your child have a allergies Please explain: (Initials) I authori	ny of the following?: Epi-pen ze Calvary Baptist Early	daily medication	nF	pre-existing medical con	vent of an emo	ergency.						
Does your child have a allergies Please explain: (Initials) I authori Does your child have an Emergency Contact (ot	ny of the following?: Epi-pen ze Calvary Baptist Early ny specific or special nee 	daily medication	nF nedical treatmo re?	pre-existing medical con	vent of an emo	ergency.						
Does your child have a allergies Please explain: (Initials) I authori Does your child have an Emergency Contact (ot	ny of the following?: Epi-pen ze Calvary Baptist Early ny specific or special nee	daily medication	nF nedical treatmo re?	pre-existing medical con	vent of an emo	ergency.						
Does your child have a allergies Please explain: (Initials) I authori Does your child have an Emergency Contact (of Name:	ny of the following?: Epi-pen ze Calvary Baptist Early ny specific or special nee her than parent):	daily medication	nF medical treatmo re? Phone:	pre-existing medical con	vent of an emo	ergency.						
Does your child have a allergies Please explain: (Initials) I authori Does your child have an Emergency Contact (ot Name: My child has permissio	ny of the following?: Epi-pen ze Calvary Baptist Early ny specific or special nee her than parent):	daily medication / Academy to secure r eds for after school ca	nF medical treatmo re? Phone:	pre-existing medical con	vent of an emo	ergency.						
Does your child have a allergies Please explain: (Initials) I authori Does your child have an Emergency Contact (ot Name: My child has permissio	ny of the following?: Epi-pen ze Calvary Baptist Early ny specific or special nee her than parent):	daily medication / Academy to secure r eds for after school ca	nF medical treatmo re? Phone:	pre-existing medical con	vent of an emo	ergency.						
Does your child have a allergies Please explain: (Initials) I authori Does your child have an Emergency Contact (ot Name: My child has permissio (These individuals may	ny of the following?: Epi-pen ze Calvary Baptist Early ny specific or special nee her than parent): n to be released to the fo be asked to show proof	daily medication	nF medical treatmo re? Phone: addition to em	ere-existing medical con	_ Relationship	ergency.						
Does your child have a allergies Please explain: (Initials) I authori Does your child have an Emergency Contact (ot Name: My child has permissio (These individuals may Name:	ny of the following?: Epi-pen ze Calvary Baptist Early ny specific or special nee her than parent): on to be released to the fo y be asked to show proof	daily medication / Academy to secure r eds for after school ca llowing individuals in of identity)	nedical treatme re? Phone:	ent for my child in the e	vent of an emo Relationship s listed aove. Relationship	ergency.						
Does your child have at allergies Please explain: (Initials) I authori Does your child have at Emergency Contact (of Name: My child has permissio (These individuals may Name:	ny of the following?: Epi-pen ze Calvary Baptist Early ny specific or special nee her than parent): 	daily medication	n phone: nedical treatmo re? Phone: Phone:	ent for my child in the e	vent of an emo Relationship s listed aove. Relationship Relationship	ergency.						
Does your child have a allergies Please explain: (Initials) I authori Does your child have an Emergency Contact (of Name: My child has permissio (These individuals may Name:	ny of the following?: Epi-pen ze Calvary Baptist Early ny specific or special nee her than parent): on to be released to the fo y be asked to show proof	daily medication	n phone: nedical treatmo re? Phone: Phone:	ent for my child in the e	vent of an emo Relationship s listed aove. Relationship	ergency.						
Does your child have a allergies Please explain: (Initials) I authori Does your child have an Emergency Contact (of Name: My child has permissio (These individuals may Name:	ny of the following?: Epi-pen ze Calvary Baptist Early ny specific or special nee her than parent): 	daily medication	n phone: nedical treatmo re? Phone: Phone:	ent for my child in the e	vent of an emo Relationship s listed aove. Relationship Relationship	ergency.						