



**Before & Afterschool Enrichment Program
 Full Day/Drop Off - Application Form**

Child's Name: _____	Sex: _____	Age: _____	Birthday: _____
School Attending: _____	Grade: K 1 2 3 4 5 6 7 8		
Child's Name: _____	Sex: _____	Age: _____	Birthday: _____
School Attending: _____	Grade: K 1 2 3 4 5 6 7 8		

Parents Information:

Name(s) _____
 Address _____
 Home Phone _____ Mom Work Phone _____
 Mom Cell Phone _____ Mom Email address _____
 Dad Cell Phone _____ Mom Work Phone _____
 Dad Email address _____

Emergency Contact:

Name _____ Relationship: _____ Phone Numbers: _____
 Name _____ Relationship: _____ Phone Numbers: _____

Is there anyone besides the parents/guardians listed above that will be picking up your child(ren)? Yes No

If yes, Name: _____ Phone Number: _____

2014-2015 Fee Schedule

	Monthly Rate	Yearly Rate
After Care	\$320.00	\$3,200 per year
Before Care	\$180.00	\$1,800 per year
Before/After Care	\$360.00	\$3,600 per year

	Daily Rate
Full Day/Holiday Camps	\$25 (Enrolled)
	\$35 (Non-Enrolled)
Half Day	+ \$12.50 (Enrolled)
	+ 17.50 (Non-Enrolled)

COMPETITIVE DISCOUNTS

The following discounts cannot be combined with other offers.

Sibling = 10% off

Military = 10% off

*Enrolled = Completed FULL time contractual enrollment forms. Regular weekly participant.

Parent Signature: _____ Parent Signature: _____ Date: _____



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CHILD 1 ~ Health Information

Child's Name: _____

Allergies? No Yes *If yes, please specify* _____

Medical Conditions? No Yes *If yes, please specify* _____

Doctor's Name: _____ Phone Number: _____

Immunizations up to date? No Yes (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered them.)

Any speech, hearing, or visual problems? No Yes *If yes, please specify* _____

Has he/she ever been tested for them? No Yes *If yes, please specify* _____

Has your child had any of the following common childhood illnesses? Please circle.

Asthma Bronchitis Chicken Pox Diabetes Heart Disease Hepatitis Impetigo Measles Mumps German Measles

Polio Scarlet Fever Tuberculosis Whooping Cough

Does your child have any problems with any of these? Please circle.

Constipation Convulsions Diarrhea Fainting Spells Frequent Colds Frequent Ear Infections Frequent Sore Throats Lice

Ringworm Skin Rash Soiling Stomach Upsets Urinary Problems Worms

CHILD 2 ~ Health Information

Child's Name: _____

Allergies? No Yes *If yes, please specify* _____

Medical Conditions? No Yes *If yes, please specify* _____

Doctor's Name: _____ Phone Number: _____

Immunizations up to date? No Yes (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered them.)

Any speech, hearing, or visual problems? No Yes *If yes, please specify* _____

Has he/she ever been tested for them? No Yes *If yes, please specify* _____

Has your child had any of the following common childhood illnesses? Please circle.

Asthma Bronchitis Chicken Pox Diabetes Heart Disease Hepatitis Impetigo Measles Mumps German Measles

Polio Scarlet Fever Tuberculosis Whooping Cough

Does your child have any problems with any of these? Please circle.

Constipation Convulsions Diarrhea Fainting Spells Frequent Colds Frequent Ear Infections Frequent Sore Throats Lice

Ringworm Skin Rash Soiling Stomach Upsets Urinary Problems Worms