After School Application

Child's First Name:________________________________ **Last Name:**____________________________

Date of Birth: ____/____/____ **Teacher:**_____________________________ **Grade:** ______

Parents or Guardian's Name(s): ____

Address: ____ **Home Phone #:** __________________

Mother's Work Phone #____________________________ **Father's Work Phone#:** __________________

Mother's Cell# ____________________________________ **Father's Cell Phone#:**__________________

Person(s) authorized to pick up your child / Emergency Contacts: **(Person must show picture I.D.)**

Name:______________________ Relationship: ________________ Phone#:___________________

Name:______________________ Relationship: ________________ Phone#:___________________

Name:______________________ Relationship: ________________ Phone#:___________________

Name:______________________ Relationship: ________________ Phone#:___________________

Is your child under medical care or taking any medication(s)? □ Yes □ No

If yes, please check all of the following conditions that your child has and indicate if medication needs to be dispensed at school?

□ Bee Sting Allergy Epi-pen □ Yes □ No □ Other Allergies: ____________________________

□ Asthma Inhaler □ Yes □ No □ Special Needs / Disability:______________________

□ Diabetes Insulin □ Yes □ No □ Other:__________________________________

□ Vision / Hearing Glasses □ Yes □ No

Family Health Care: Physician's Name:__________________________ Phone #:________________

Address:____

Does your child have permission to check out at 6:00 pm and walk home? Yes:_____ No:_____

Please read and sign below:

I understand that the Corpus Christi After School Program is a **paid** program with monthly dues of $240. Participation in the program automatically enrolls the child to ALL the after school programs Monday-Friday. Students should be picked up by 6:00 p.m. Parents late in picking up his/her child will be charged $1 for every minute past 6:00 p.m.

Parent or Guardian Signature:_____________________________ **Date:**________

For Office Use Only

Enroll Date:_________________________________ Initials: _________________

Date Disenrolled: ________________Reason:____