

# School Age Child Care **Enrollment Form**

Program: \_\_\_\_\_ Roosevelt Afterschool 2:15–5:30 \_\_\_\_\_ Wawecus Afterschool 2:15–5:30  
Days (Please circle): \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday  
School Year: \_\_\_\_\_ Date Of Admission: \_\_\_\_\_ Payment Type: \_\_\_\_\_

## CHILD INFORMATION

Child's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Child's Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_  
Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Identifying Marks: \_\_\_\_\_  
Ethnicity:  White  Black  Asian  American Indian  Hispanic  
 Other: \_\_\_\_\_

## ADDITIONAL INFORMATION

Child's Physician: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Allergies/Special Diet (Please list): \_\_\_\_\_  
Individual health plan for child with a chronic health condition (circle one)? Yes No (If yes, please attach)  
Are there any custody agreements, court orders, or restraining orders pertaining to the child (circle one)? Yes No  
(If yes, please attach)  
Special limitations or concerns? \_\_\_\_\_

## SCHOOL INFORMATION

School: \_\_\_\_\_  
School Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**I certify that documentation of physical examination and immunizations in accordance with public school requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. Parent / Guardians initials: \_\_\_\_\_**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_