

School Age Child Care Enrollment Form

Program: _____ Roosevelt Afterschool 2:15–5:30 _____ Clark School 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 _____