



BEFORE/AFTER SCHOOL CARE ENROLLMENT FORM

STUDENT INFORMATION:

Child's Name _____ Date of Birth _____

Home Address _____ Telephone _____

Family Information:

Father's Name _____ Daytime Telephone _____

Mother's Name _____ Daytime Telephone _____

Are the parents still married? _____

Health Information:

Name of Child's Doctor _____ Phone _____

Does this child have any physical, mental or emotional problems you would want us to be aware of? _____

If so, please indicate the nature of the problem and your comments on the back of this form.

In the event that we are unable to reach either parent, whom may we call, in an emergency?

Name _____ Telephone _____

Name _____ Telephone _____

Release Information:

Other than the parent(s), who has authorization to pick up your child?

Name _____ Name _____

Name _____ Name _____

Is there anyone that your child may **NOT** be released to under any circumstances?

Name _____ Name _____

As the parent/guardian for the child named on this form, I authorize Salem Lutheran School and its designated staff members to act on my behalf to seek medical attention, in the event of an emergency, when I cannot be reached.

I understand that an additional \$10 every quarter hour will be applied for late pickup. If parent/guardian and/or emergency contact cannot be reached, the correct authorities and the abuse hotline will be called per DCFS requirements.

Signature: _____

Date: _____