

SOUTHMONT ELEMENTARY SCHOOL AFTER SCHOOL CARE APPLICATION

APPLICATION DATE: ____/____/____

School Year ____ - ____

Name of child _____
(Last) (First) (Middle) (Nickname)

Address _____
(Street) (City) (Zip code)

Age of child _____ Grade _____ Teacher _____ D.O.B ____/____/____

Information about the family:

Father's Name _____ Telephone _____ - _____ - _____

Address _____
(Street) (City) (Zip code)

Employer _____ Business Telephone _____ - _____ - _____

Mother's Name _____ Telephone _____ - _____ - _____

Address _____
(Street) (City) (Zip code)

Employer _____ Business Telephone _____ - _____ - _____

Email Address where we can reach a parent during the day: _____

If Child is not living in home of parents, name of responsible adult:

Name _____ Telephone _____ - _____ - _____

Address _____
(Street) (City) (Zip code)

Employer _____ Business Telephone _____ - _____ - _____

If you cannot come for your child, please give the names of 3 persons to whom the **child can be released**:

1. _____ 2. _____ 3. _____

Information about your child:

Does your child have any known allergies such as (dust, drugs, plants, animals, food, etc)?

If yes, what are they? (BE SPECIFIC) _____

Please give any information concerning your child, which will be helpful in his/her experience in group living (such as

play, eating, and sleeping habits, special likes or dislikes). _____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Telephone _____ - _____ - _____

Office address _____

Name of child's dentist _____ Office Telephone _____ - _____ - _____

Office address _____

Hospital preference _____

If neither the father or mother (or guardian) can be reached in an emergency, call:

Name _____ Relationship _____ Telephone _____ - _____ - _____

Name _____ Relationship _____ Telephone _____ - _____ - _____

I agree that the ASC Director or Principal may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be reached immediately.

Signature of Parent _____ Date ____/____/____

As ASC Director, I agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from a physician or the child's parent, guardian, or fulltime custodian. Provision will be made for adequate and appropriate rest and outdoor play.

Signature of ASC Director _____ Date ____/____/____