The Academy Child Care Center of ELCC
Public School Extended Care Enrollment Form

(July 2010)

Please fill out both sides of this form and attach your child's bus pass

Child's Name _____
Date of Birth _____ **Grade in Sept** _____ **School Attending** _____

Program Need: **AM only** **PM only** **AM/PM**

Home Address _____
_____

Home Phone Number _____

Mother's Name & Mobile Phone # _____
Email : _____

Name & Address of Employer _____
_____

Business Telephone _____

Father's Name & Mobile Phone# _____
Email: _____

Name & Address of Employer _____
_____

Business Telephone _____

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Please identify an authorized person to pick up/or contact in case of emergency if neither parent is available:

Name _____ **Relationship to Child** _____
Address _____
Phone 1. _____ **2.** _____

Name _____ **Relationship to Child** _____
Address _____
Phone 1. _____ **2.** _____

By signing below, I give permission to The Academy of ELCC to seek medical care for my child as deemed necessary. I also agree to abide by all policies and procedures, submit all forms completed, to make all registration/book fees and tuition payments as scheduled, and understand that non-compliance by me, my representative or my child will result in the immediate dismissal of my son or daughter.

_____ _____
Signature **Date**

-PLEASE COMPLETE OTHER SIDE-

MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE

Child's Name: _____

Date of Birth: _____ Grade in September _____

Is your child under any medical/physical restrictions? _____Yes _____No

If yes, check all that apply:

Asthma: ☐	Hearing Loss: ☐	Diabetes: ☐
Convulsions: ☐	Other (please provide details below): ☐	

Other:

Is your child taking any medication? YES NO
If yes, please list:

_____

_____

Has your child been under a doctor's care or hospitalized within the last three years? YES NO
If yes, please explain:

_____

_____

Is your child allergic to any medications/foods/insect stings? YES NO
If yes, please list:

_____

_____

Family Health care provider's Name: _____

Telephone Number: (_____) _____

Address: _____

As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs, and may participate in all of the activities of the Center's program, except as noted above.
PARENT/GUARDIAN SIGNATURE: _____
DATE: _____