

Date accepted \_\_\_\_\_ Init. \_\_\_\_\_ First Day \_\_\_\_\_ Ch# \_\_\_\_\_



2331 NE 26<sup>th</sup> Ave  
Pompano Beach, FL 33062  
954/941-7501

### AfterCare

#### CHILD ENROLLMENT INFORMATION

MONTHLY  DROP-IN

Please complete application in black or blue ink.  
Forms not completed will not be accepted.

ATTENDING SCHOOL \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_  
TODAY'S DATE \_\_\_\_\_ MOM'S EMAIL \_\_\_\_\_  
PASSWORD \_\_\_\_\_ DAD'S EMAIL \_\_\_\_\_  
CHILD'S NAME \_\_\_\_\_ SEX \_\_\_ NICKNAME \_\_\_\_\_  
(first) (last)  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
(street)  
(city) (state) (zip code) DATE OF BIRTH \_\_\_\_\_

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>CELL PHONE</u>
MOTHER _____	_____	_____
FATHER _____	_____	_____
GUARDIAN _____	_____	_____

  

<u>PLACE OF EMPLOYMENT</u>	<u>POSITION</u>	<u>PHONE</u>
MOTHER _____	_____	_____
FATHER _____	_____	_____

CHILD'S PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

**IN THE EVENT OF A TRUE EMERGENCY, 911 WILL BE CONTACTED AND EMERGENCY PROCEDURES FOLLOWED**

OTHER PERSONS TO BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT and ARE PERMITTED TO REMOVE CHILD:

<u>NAME</u>	<u>ADDRESS</u>	<u>CELL PHONE</u>
_____	_____	_____
_____	_____	_____

ALLERGIES \_\_\_\_\_ FOOD PROBLEMS \_\_\_\_\_

ANY PHYSICAL PROBLEMS WE SHOULD BE AWARE OF? \_\_\_\_\_

MARITAL STATUS OF PARENTS: (circle one) MARRIED LIVING TOGETHER DO NOT LIVE TOGETHER DIVORCED

\*\*\*IF DIVORCED, please describe custody and visitation agreement for the child. If custody is limited, you must provide custody papers.

\*IS MOTHER PERMITTED TO REMOVE CHILD? YES NO --- \* IS FATHER PERMITTED TO REMOVE CHILD? YES NO

OTHERS IN YOUR HOUSEHOLD:

NAME _____	AGE _____	RELATIONSHIP _____
NAME _____	AGE _____	RELATIONSHIP _____

\*Member of First Presbyterian Church? Yes No