

Date accepted _____ Init. _____ First Day _____ Ch# _____



After School Care Program

Application for Admission

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

MONTHLY DROP-IN

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

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