



AFTER SCHOOL PROGRAM APPLICATION

Date of Application _____ Date of enrollment _____
 Name of Child _____ Date of Birth _____
 Address _____ Zip code _____
 Email Address: _____

FAMILY INFORMATION

Mother Guardian's Name _____ Home Phone _____
 Address _____ Zip Code _____
 Place of Employment _____ Business Phone _____
 Father Guardians Name _____ Home Phone _____
 Address _____ Zip Code _____
 Place of Employment _____ Business Phone _____
 Email Address: _____

INFORMATION ABOUT CHILD

Please give any information concerning your child, which will be helpful in his or her experience in a group setting (such as play, eating and sleeping habits, special likes or dislikes, fears).

CHILD'S LEARNING STYLE

Please give any information about your child's learning style, learning disabilities, dyslexia, color blindness, hearing, sight, or other concerns.

PERSONS ALLOWED TO PICK UP CHILD FROM DAY CARE

Name	Address	Phone	Relationship

EMERGENCY CARE INFORMATION

Does your child take medication? Yes ____ No ____ . If yes, please explain

Does your child have any allergies? Yes ____ No ____ . If yes please explain:

ILLNESS

- Circle recurring problems that your child may have:
Bronchus Asthma Ear Infections Croup Strep throat Eczema Pink Eye
- Circle the following illnesses that your child has had:
Chicken Pox German Measles Mumps Red Measles Rheumatic fever

DOCTOR INFORMATION

Name	Address	Office Number
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HOSPITAL PREFERENCE

Name	Address	Office Number
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DENTAL CARRIER

Name	Policy Number
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INSURANCE CARRIER

Name	Policy Number
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IN CASE OF EMERGENCY WHEN PARENT CANNOT BE REACHED, PLEASE NOTIFY:

Name	Address	Telephone	Relationship
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Name	Address	Telephone	Relationship
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SCHOOL INFORMATION

NAME OF SCHOOL: _____ FIRST DAY OF SCHOOL: _____

SCHOOL'S ADDRESS: _____ SCHOOL'S PHONE NUMBER: _____

SCHOOL'S DAILY SCHEDULE: _____ AM _____ PM HALF DAY SCHEDULE: _____ AM _____ PM

BUS PICK UP TIME: _____ BUS PICK UP LOCATION: _____

WILL SMART KIDS' NEED A CAR POOL SIGN? Y or N

FRONT OFFICE CONTACT PERSON: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event neither I nor the family physician can be contacted immediately.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do 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 the physician or child's parent, guardian, or full time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Operator _____ Date _____