

# Anderson **AFTER SCHOOL**

## APPLICATION : AFTER SCHOOL CARE

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_

School \_\_\_\_\_ School year \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Cell Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

I give my child permission to travel in cars, vans and buses operated by the staff of Anderson After School.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I give the staff of Anderson After School permission to get medical help for my child. This permission is to be used only in the case of emergency. I understand that I will be contacted prior to such medical help if time allows and every effort will be made to contact me regarding any medical assistance.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_