

**BREMEN CITY SCHOOLS AFTERSCHOOL PROGRAM  
2018/2019 ENROLLMENT FORM**

Please fill out completely. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any changes in employment or residence. **There is a \$40 registration fee added upon the fifth visit.** REMEMBER: Please pick up your child on time. The program ends by 6:00 p.m. If students are not picked up by 6:00 p.m. there will be a \$2.00 per minute fee. Please note: Three instances of tardiness in picking up your child will result in his/her dismissal from the program.

**Child** \_\_\_\_\_ Grade \_\_\_\_\_  
First Middle Last Called Name

Birthdate \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Address \_\_\_\_\_

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

**Mother** \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (If different from above.) \_\_\_\_\_

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

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

**Father** \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (If different from above.) \_\_\_\_\_

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

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Who is authorized to pick up your child from the Afterschool Program? (List name/relationship/phone #)

\_\_\_\_\_  
\_\_\_\_\_

Who is not authorized to pick up your child from the Afterschool Program? (List name/relationship)

\_\_\_\_\_  
\_\_\_\_\_

Brothers or sisters in family (Name/Age) \_\_\_\_\_

Emergency names and phone numbers \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any serious illness or hospitalization in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Please list medications given regularly. \_\_\_\_\_

Any program modifications necessary? \_\_\_\_\_

I understand and agree to abide by all policies and procedures contained in the parent handbook. I assume liability for accidents or injuries incurred during the Afterschool Program. I authorize the afterschool staff to seek immediate medical attention should the need arise.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_