

ASAP ENROLLMENT FORM

Dear Parents: Completion of this form is requested for each child who will be attending ASAP, Forestville Union School District's after school program.

Child's Name: _____ Grade: _____ Teacher: _____

Parent/Guardian's Name: (1) _____ Email: _____

Parent Address:

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian's employer's name and address:

Parent/Guardian's Name: (2) _____ Email: _____

Parent Address:

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian's employer's name and address:

Siblings attending Forestville School: Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Who, besides parent/guardian, is authorized to pick up my child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Who is NOT AUTHORIZED to pick up my child:

Please complete the back side of this form -->>

MEDICAL INFORMATION

Physician/Clinic Name: _____ Phone: _____

Allergies? List: _____

Medications: List: _____

Limitations, health concerns, or additional information/comments: _____

PARENT PERMISSION

In case of emergency, illness, or accident to the child named above, the school is authorized to proceed as indicated by contacting the following individuals in the order listed:

- | (name) | (number) | (name) | (number) |
|-----------|----------|-----------|----------|
| (1) _____ | _____ | (2) _____ | _____ |
| (3) _____ | _____ | (4) _____ | _____ |
| (5) _____ | _____ | (6) _____ | _____ |

Medical treatment: I give permission for emergency First Aid or emergency medical treatment to be administered, if necessary. In case of an accident or emergency and I am not available, I authorize a staff member of Forestville Union School to seek medical care with the forenamed physician or the nearest emergency facility for emergency treatment and measures that are deemed necessary for the safety and protection of the child, at my expense. _____

(initial)

In the event of a life threatening allergic reaction, I authorize trained school personnel to give emergency treatment (adrenalin via EPI-Pen) to my child. _____ (initial)

I give permission for photographs of my child participating in after school activities, to be used in school publications such as parent newsletters. _____ (initial)

I have received and read my parent handbook and understand I am responsible for the information contained therein. *Please note that some program changes have been made due to current restrictions for our return to school* _____ (initial)

Signature: _____ Date: _____