

Smart Children After School

113 Roberson Rd., Suite A, Windermere, Fl. 34786 Phone: (407) 574-2737 <u>www.smartchildrenafterschool.com</u>

Enrollment Application

STUDENT INFORMATION

Child	Child's Name:							
		Last		Name		Initial		
Date of Birth:		Date of Enrollm	ent :	Sex				
ELEM	ELEMENTARY SCHOOL AGE							
	After School							
	Camps							
	Holidays							
	FAMILY INFORMATION							
MOTHER – PRIMARY GUARDIAN NAME			F	ATHER – PRIMARY GUAI	RDIAN NAME			
Name:			1	Name:				
Home address:			Home address:					
City:		Zip code:	(City:	Zip code:			
Place of employment:			Place of employment:					
Home phone: Work phone:			ŀ	Home phone:	Work phone:			
Cell phone:			Cell phone:					
E-mail:			E-mail:					
MEDICAL INFORMATION								
Child Allergies:			Physician's name:					
Special medical needs/conditions:			Physicians phone #					
Prescribed medication:								

AUTHORIZATION FOR PICK UP AND EMERGENCY

Individuals authorized to pick up children must be at least 18 years of age and provide a valid photo ID

1.	Name:	Home phone:	
Re	lationship:	Work phone:	
0	Authorized to pick up	Cell phone:	
0	Contact in case of emergency		
2.	Name:	Home phone:	
Re	lationship:	Work phone:	
0	Authorized to pick up	Cell phone:	
0	Contact in case of emergency		
3.	Name:	Home phone:	
Re	lationship	Work phone:	
0	Authorized to pick up	Cell phone:	
0	Contact in case of emergency		
Your signa accurate.	ture below indicates that you have received the above items and	d that the information on this enrollment form is complete and	
Signatur	e of Parent/Guardian	Date	