

**BEFORE and AFTER SCHOOL EDUCATION (BASE)
ENROLLMENT FORM – EMERGENCY INFORMATION
AUTHORIZATION FOR TREATMENT & TRANSPORTATION**

Child's Name: _____ **Start Date:** _____ **More Than One Enrollee:**

Date of Birth: _____ **Age:** _____ **Sex:** _____ **Grade** _____

Sibling(s) Also Attending Colorado Military Academy: _____ **Grade(s)** _____

Home Address: _____
Street/City/State/Zip

Home Phone Number: _____ **Email:** _____

Mother/Guardian Name: _____ **Cell Phone #:** _____
Last Name, First Name

Address: _____
Street/City/State/Zip (If different than above)

Email Address: _____

Employer/School: _____ **Employer Phone #:** _____

Employer/School Address: _____

Father/Guardian Name: _____ **Cell Phone #:** _____
Last Name, First Name

Address: _____
Street/City/State/Zip (If different than above)

Email Address: _____

Employer/School: _____ **Employer Phone #:** _____

Employer/School Address: _____

Alternate Emergency Contact(s)*:

(1) _____ **Phone #:** _____
Last Name, First Name Relationship to Child

(2) _____ **Phone #:** _____
Last Name, First Name Relationship to Child

Additional Person(s) Authorized to Pick Up Child*:

(1) _____ **Phone #:** _____
Last Name, First Name Relationship to Child

(2) _____ **Phone #:** _____
Last Name, First Name Relationship to Child

(3) _____ **Phone #:** _____
Last Name, First Name Relationship to Child

***Please note that anybody on this list must provide a State or Federal Issued Picture Identification.**

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Child's Name: _____

Health Care Facility: _____ **Phone #:** _____

Health Care Facility Address: _____
Street/City/State/Zip

Allergies/Reaction(s): _____

Chronic Illnesses/Special Needs: _____

Medication(s): _____

Insurance Information: _____

Authorization for Emergency Medical Care and Transportation:

In the event of an emergency, I hereby give my permission for BASE staff to access emergency medical services for my child, including transport to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Authorization for Release of Photo(s) of Cadet:

I authorize the release of use of photos of my child for media purposes; ie. Yearbook, website.

I do not authorize the release of use of photos of my child for media purposes; ie. Yearbook, website.

Parent/Guardian Signature & Enrollment Date

Parent/Guardian Signature & Enrollment Date

Before Care: After Care: Combined:
3 Days: 4 Days: 5 Days: Drop In:

Colorado Military Academy BASE
360 Command View
Colorado Springs, CO 80915
(719) 576-9838