

Preferred

Afterschool LOCATION you are enrolling:

School Care

(770)739-1462 office *I* (770)739-9180 fax

[www.PSCafterschool.com](http://www.PSCafterschool.com)

Application for Enrollment

(Revised 1/2020)

How were you referred to Preferred School Care? \_\_\_\_\_\_\_ Enrollment Date \_\_\_\_\_ Approx. Pick-up time\_\_\_\_\_\_\_\_p.m.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child(ren)'s Information | | | | | | | | | |
| Name | | Address I City I St I Zip | | | Sex M/F | Age I Grade | DOB | |  |
|  |  |
| 1. | | I I I | | |  | I | *I I* | |  |
| 2. | | I I I | | |  | I | *I I* | |  |
| 3. | | I I I | | |  | I | *I I* | |  |
| If enrolling in the Summer Program, you must complete *Transportation Agreement* for scheduled field trips. | | | | | | | | | |
| Parent's *I* Guardian's Information (Special Note: Child(ren) may be released to names listed here AND to names listed under 'Person(s) to whom child may be Released')  I agree to keep the ASP program informed as to the changes in names, address and phone numbers, etc. | | | | | | | | | |
| Relationship: | | | Mother | Father | | | | Guardian | |
| Name: | | |  |  | | | |  | |
| Address: | | |  |  | | | |  | |
| Name of Subdivision: | | |  |  | | | |  | |
| Home Phone#: | | |  |  | | | |  | |
| Cell#: | | |  | . | | | |  | |
| Employer: | | |  |  | | | |  | |
| Employer Complete Address: | | |  |  | | | |  | |
| Work Phone#: | | |  |  | | | |  | |
| Email address: | | |  |  | | | |  | |

Child(ren) lives with: Child(ren) Legal Guardian:

\_\_Both Parents \_\_Both Parents

\_Mother \_\_Mother

\_Father \_\_Father

\_Other \_\_Other

*(Continued on reverse side)*

**Parental Agreement with Preferred School Care, Inc.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Additional Person(s) to whom child(ren) may be Released**  My child may be released to the person(s) listed on the front of this agreement and to the following: | | | | | | | | | |
|  | **Person#1** | | **Person#2** | | | **Persont#3** | | | |
| **Name:** |  | |  | | |  | | | |
| **Relationship:** | **O** Paternal  O Maternal | | **O** Paternal  O Maternal | | | **O** Paternal  OMaternal | | | |
| **Address:** |  | |  | | |  | | | |
| **Phone#:** |  | |  | | |  | | | |
| **Emergency Contact Information**  List 3 emergency contact names, address and phone numbers in the event the parent cannot be reached. I agree to keep the program informed as to the changes in address and phone numbers, etc. where I may be reached. | | | | | | | | | |
|  | **Contact#!** | | | **Contact #2** | | **Contact #3** | |  |  |
| **Name:** |  | | |  | |  | |  |  |
| **Relationship:** |  | | |  | |  | |  |  |
| **Address:** |  | | |  | |  | |  |  |
| **Phone#:** | *"* | | |  | |  | |  |  |
| **Medical Information**  Should my child become ill during the time he or she is in the care of Preferred School Care or suffer an accident of any nature, the center should undertake to contact me immediately. They will be authorized to secure such medical attention and care for the child as may be necessary. By signing below, the parent acknowledges that Preferred School Care does not provide medical insurance to the children in our program and the parent shall assume responsibility for medical expenses. Furthermore. the undersigned hereby forever releases, discharges, and covenant to hold harmless Preferred School Care and its staff members to any claims that may arise during your child's enrollment in our program. | | | | | | | | | |
|  | | **Medical Insurance/Medicaid/Peach Care** | |  | **Physician/Doctor and/or Health Department** | | **Dentist and/or Practice Name** | |  |
| **Provider's Name:** | |  | | **Name:** |  | |  | |  |
| **Insurance ID#:** | |  | | **Address:** |  | |  | |  |
|  | |  | | **Phone#:** |  | |  | |  |

**Long term prescribed medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ None \_**

**Special needs, physical, mental limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ None \_\_ Immunization Certificate Available (Form 3231):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photograph Permission Agreement**

As part of our afterschool and summer programs, your child may be photographed/video capturing the various activities that they may participate in during the program. These pictures could be placed on our newsletters.flyers; website and facebook page, etc. Please indicate your preference: **YES,** my child **MAY** be photograph/video. **NO,** my child **MAYNOT** be photograph/video.

**Additional Comments, \_**

***I have read and understand the policies* & *procedures and have documented all information regarding my child(ren).***

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**