

**SCOTTSBLUFF PUBLIC SCHOOLS
AFTER-SCHOOL PROGRAM
2014-2015
(Please Print)**

CHILD ENROLLMENT FORM

CHILD'S FIRST AND LAST NAME

GRADE

SCHOOL

____/____/_____
BIRTHDATE

AGE

Male Female

Days of Week Child Will Be Attending (please circle): Mon. Tue. Wed. Thurs. Fri.

| | | | | | | |
|-------------------|--|-------------|-----|----|---------------|--|
| Mother's Name: | | Guardian: | Yes | No | Cell/Pager #: | |
| Mother's Address: | | Home Phone: | | | Work Phone: | |
| Father's Name: | | Guardian: | Yes | No | Cell/Pager #: | |
| Father's Address: | | Home Phone: | | | Work Phone: | |

PERSON(S) TO WHOM AFTER-SCHOOL STAFF MAY RELEASE CARE OF CHILD (IF NO ONE, PLEASE WRITE "NONE")

| | | | | | |
|-------|--|--------|--|------------------------|--|
| Name: | | Phone: | | Relationship to Child: | |
| Name: | | Phone: | | Relationship to Child: | |
| Name: | | Phone: | | Relationship to Child: | |

PERSON(S) TO WHOM AFTER-SCHOOL STAFF MAY NOT RELEASE CARE OF CHILD

| | | | | | |
|-------|--|--------|--|------------------------|--|
| Name: | | Phone: | | Relationship to Child: | |
| Name: | | Phone: | | Relationship to Child: | |
| Name: | | Phone: | | Relationship to Child: | |

In Case of an emergency; when a parent/guardian cannot be reached, please list the name of a responsible person who is authorized to act for the parent in an emergency (At least one name must be given).

| | | | | | | | |
|-------|--|---------------|--|--------|--|---------------|--|
| Name: | | Address/City: | | Phone: | | Relationship: | |
| Name: | | Address/City: | | Phone: | | Relationship: | |

Signature of Parent/Guardian

Date