

AFTER SCHOOL ENRICHMENT PROGRAM

2011-2012 ENROLLMENT FORM

Elementary
Kindergarten - 5th grade

Middle and High School
6th—12th grades

***One form per student, please.**

Student Name

Grade

Classroom/Homeroom Teacher (if known)

Parents' home phone: _____ email: _____

Child lives with: Both parents ____ Mother ____ Father ____ Other _____

Mother's name and work/cell phone number: _____

Father's name and work/cell phone number: _____

Any medical conditions, allergies, or other information we should know? **A completed allergy form is required if applicable.** _____

If needed, does an After-School staff member have your permission to give the following to your child?
_____ Tylenol (Acetaminophen) _____ Advil (Ibuprofen) _____ Benadryl

Who has your permission to pick up your child? Please give names, phone numbers and relationship.

Emergency Contacts (names and phone numbers): _____

*Please notify Kim Brunette of any changes that occur in your contact information at 678 818-1082 or kim.brunette@eagleslanding.org.

I give ELCA permission to use photographs, videotapes or other recordings of my child for promotional purposes of ELCA programs. Yes ____ No ____

I wish to enroll my child in the ELCA After-School Program. I understand the weekly cost will be added to my tuition statement as long as my child is enrolled, regardless of the number of days attended. If I wish to withdraw my child from the program, I will complete a withdrawal form so that I will no longer be billed.

***After 6:00 PM, \$5.00 per week is added.**

***After 6:30 PM, \$1.00 per minute is charged to the student account.**

Parent Signature

Date