



**Enrollment Form for Judy Sare Before/After Care**  
 Please print. Be sure to let us know of any changes.

Child's Full Name: \_\_\_\_\_ Male\_\_Female\_\_ Date of Birth (mm/dd/yy)\_\_\_\_\_

Students Address: \_\_\_\_\_ Main Phone # \_\_\_\_\_ School Child Attends \_\_\_\_\_

Parent/Guardian Name	Cell Phone	Work Phone	Relationship to Child

Email #1 \_\_\_\_\_ #2 \_\_\_\_\_

Emergency Contacts (Please be sure emergency contacts are local).

Emergency Contact	Address	Phone #	Relationship to Child

I **DO** authorize the above emergency contacts to **transport** my child \_\_\_\_\_

I **DO NOT** authorize the above emergency contacts to **transport** my child \_\_\_\_\_

Does your child have a problem or physical limitation that you would like us to know about? Yes\_\_\_\_ No\_\_\_\_

If you checked "Yes" please explain (Ex. Asthma, ADHD, Cardiac Condition, Diabetes, Epilepsy...)

Does your child have a severe allergy? Yes\_\_\_\_No\_\_\_\_ If Yes, please explain \_\_\_\_\_

If Yes, how is the allergy treated? (Benadryl, Epi Pen) \_\_\_\_\_

Does your child eat a special diet or have dietary restrictions? Yes\_\_\_\_No\_\_\_\_. If Yes, please explain: \_\_\_\_\_

Does your child have a hearing or vision problem? Yes\_\_\_\_No\_\_\_\_. If Yes, please explain: \_\_\_\_\_

**HOMEWORK**

\_\_\_\_I **give my child permission to do his/her homework** during After Care. I understand that the After Care teachers may not be able to check homework for correctness.

\_\_\_\_I **do not want** my child to do his/her homework during After Care.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_