

**Endeavor Hall Aftercare Registration Form**

**Kindergarten-2<sup>nd</sup> Grade**

Please print clearly with blue or black ink.

Child's Full Name: _____	Birth Date: _____
Address: _____	Home Phone: _____
City: _____	State: _____ Zip Code: _____
Child's Teacher: _____	Child's Grade: _____
Nickname: _____	
Mother's Full Name: _____	Home Phone: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Occupation: _____	Work Phone: _____ ext. _____
Name of Employer: _____	Cellular Phone: _____
Work Hours: _____	Email: _____
Father's Full Name: _____	Home Phone: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Occupation: _____	Work Phone: _____ ext. _____
Name of Employer: _____	Cellular Phone: _____
Work Hours: _____	Email: _____

Parent/Guardian with legal custody \_\_\_\_\_

**Emergency Contacts**

Primary Emergency Contact (other than parents or guardian) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Secondary Emergency Contact (other than parents or guardian) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized to pick up my child-photo ID required: (Besides parents, guardians, or emergency pick-ups)

Name: \_\_\_\_\_ Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person (s) ***NOT*** authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups)

Name: \_\_\_\_\_ Comment \_\_\_\_\_

Name of other school child attends: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Release

**Consent to Emergency First Aid & Transportation:**

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at West Valley Afterschool Academy. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold Endeavor Hall Afterschool Program and its employees harmless.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Consent to Medical Care and Treatment:**

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold Endeavor Hall Afterschool Program and its employees harmless.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Information

1. Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

4. Regular Medications: \_\_\_\_\_

6. Medicine allergic to: \_\_\_\_\_

7. Food Allergies: \_\_\_\_\_

8. Any other Allergies: \_\_\_\_\_

9. Any special health conditions: \_\_\_\_\_