




  
**ENROLLMENT FORM 2023-2024**



Today's Date	Date to Start Care	Parent Password
School Name		KinderSmart ID: (office only)

Primary Parent/Guardian Name	Relationship to child	Cell Phone	Home Phone
Primary Parent's Address, City, State, Zip			
Place of Employment		Business Phone	
E-mail			CCS Participant Yes: _____
Child's Address, City, State, Zip (IF DIFFERENT FROM PRIMARY PARENT)			
Secondary Parent/Guardian Name	Relationship to child	Cell Phone	Home Phone
Place of Employment		Business Phone	
E-mail			

Child's Name	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Date of Birth
Child's Grade and Teacher		
Child's Name	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Date of Birth
Child's Grade and Teacher		
Child's Name	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Date of Birth
Child's Grade and Teacher		
Child's Name	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Date of Birth
Child's Grade and Teacher		

**It is mandatory to name two people in case of an EMERGENCY if a parent cannot be reached.**

Name	Telephone	Relationship
Name	Telephone	Relationship

**In addition to those listed above, I authorize the following people to pick up my child: Not Applicable**

Name	Telephone	Relationship
Name	Telephone	Relationship





### MEDIA PERMISSION SLIP FORM

School Name	Parent Password
Child's Name	Parent's Name

Due to the unique nature of our program, the local media might be interested in filming or photographing the children in Alliance After-School Care. As a result, your child could be in the newspaper or on television. Your PERMISSION IS REQUIRED in order for your child to participate.

Give permission for my child(ren) to be photographed or filmed by the media while in Alliance After-School Care.

I DO

I DO NOT

By selecting one of the choices above, I understand that I have given or not given written permission for my child's involvement with media within the care of the ALLIANCE FOR WOMEN & CHILDREN.

I also acknowledge by my signature below that it is my responsibility to notify the ALLIANCE AFTER-SCHOOL CARE PROGRAM should any information change.

\_\_\_\_\_  
Print Parent/Guardian Name

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



### PARTICIPANT PERMISSION SLIP

School Name	Parent Password
Child's Name	Parent's Name

Due to the unique nature of our program, the Alliance After-School Care may participate in research studies that increase eligibility for grant funding awards, local and nation wide program improvements. As a result, your child maybe a part of survey, observations, assessments, and interviews. *Any opportunities presented, parents will be notified with complete details **before** your child is permitted to participate. At that time you will be asked to give your official consent.*

Your PERMISSION IS REQUIRED in order for your child to participate.

- I DO:  be filmed/photographed while in Alliance After-School Care.
- I DO NOT:  be filmed/photographed while in Alliance After-School Care.
- I DO:  interviews, play experiments, with Alliance After-School Care.

**By selecting one of the choices above, I understand that I have given or not given written permission for my child's involvement with program enhancement projects/events within the care of the ALLIANCE FOR WOMEN & CHILDREN.**

**I also acknowledge by my signature below that it is my responsibility to notify the ALLIANCE AFTER-SCHOOL CARE PROGRAM should any information change.**

\_\_\_\_\_ **Print Parent/Guardian Name**

\_\_\_\_\_ **Relationship to Child**

\_\_\_\_\_ **Parent/Guardian Signature**

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



### PERMISSION TO GIVE

School Name	Date
Child's Name	Parent's Name

Sunscreen and/or insect protection is permissible in the ASC Program. Return this for and your preferred type of sunscreen/insect repellent to an After School Care Director or Enrollment Coordinator at the Alliance office. Please label the sunscreen/repellent with your child's first name, last initial, and the date of purchase. We will NOT apply anything with an expired date. To avoid the possibility of a skin reaction, please test the solution you choose on your child at home prior to bringing it to the program. We ask that you bring a current photo with the sunscreen/repellent for verification purposes.

Your PERMISSION IS REQUIRED in order for your child to give:

- I DO:  apply sunscreen
- I DO NOT:  apply sunscreen.
- I DO:  apply Insect Repellent

**By selecting one of the choices above, I understand that I have given or not given written permission for staff to apply these items to my child while in the care of the ALLIANCE FOR WOMEN & CHILDREN.**

**I also acknowledge by my signature below that it is my responsibility to notify the ALLIANCE AFTER-SCHOOL CARE PROGRAM should any information change.**

\_\_\_\_\_

**Print Parent/Guardian Name**

\_\_\_\_\_

**Relationship to Child**

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Date**