



Enrollment Form



Parent Password

PRIMARY PARENT/GUARDIAN INFORMATION

Last Name	First Name	Relationship to child	
Address	City	State	Zip Code
Cell Number	Email		
Home Number	Work Number	Employer	

SECONDARY PARENT/GUARDIAN

Last Name	First Name	Relationship to child	
Address	City	State	Zip Code
Cell Number	Email		
Home Number	Work Number	Employer	

EMERGENCY CONTACTS/ADDITIONAL CONTACTS

Name	Phone Number
Name	Phone Number
Name	Phone Number
Name	Phone Number
Name	Phone Number



Enrollment Form



CHILD'S INFORMATION

Child's Name	Gender	Date of Birth
Child's School	Grade	Date to Start Care

MEDICAL INFORMATION

Name of Physician	Address	Phone Number
Do you give consent for necessary emergency treatment when child is in the care of the physician and/or hospital/clinic I have specified? Yes I give consent <input type="checkbox"/> No I DO NOT give consent <input type="checkbox"/>		
In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility Director or person in charge to call an ambulance to transport my child to the hospital below. Abilene Regional Medical Center (325) 695-9900 <input type="checkbox"/> Hendricks Medical Center (325) 670-2000 <input type="checkbox"/>		

ALLERGIES - * If your child has food allergies, a *FOOD ALLERGY CARE PLAN FORM* must be signed by a physician.

SPECIAL NEEDS/DISABILITIES:

MEDIA PERMISSION SLIP

I DO / DO NOT give permission for my child to be photographed or filmed for Alliance internal publication

I DO / I DO NOT give permission for my child to be photographed or filmed by the media

RACE

Hispanic/ Latino

Non- Hispanic/ Latino

ETHNICITY

African American Asian/Pacific Islander American White

Native American Multi-Racial Other

I have read and understand the Alliance After-School Care policies as stated in the Parent Handbook. I attest that the information I provided on the Enrollment Form is correct and accurate and authorize my email and phone number to be used for communication purposes only. It is my responsibility to contact the Alliance should any of the information change.

Parent/Guardian Signature _____

Date _____