

STUDENT ENROLLMENT FORM

This form must be completed and signed by the parent or guardian of a student enrolling in the after-school program.
Only Completed Forms will be Processed

STUDENT INFORMATION **TODAY'S DATE:** ___ / ___ / ___

Student Name _____ Home Phone (_____) _____
 Home Address _____ Apt. # _____ Zip Code _____
 City: Bronx Brooklyn Manhattan Queens Staten Island
 Birth Date ___/___/___ Sex M F Race/Ethnicity _____
Mo. Day Year (optional)
 School Your Child Attends _____ Grade _____ Homeroom Teacher _____

Will you be enrolling other children into the program? Yes No If yes, please complete the following:

Student Name _____ Grade _____ Homeroom Teacher _____
 Student Name _____ Grade _____ Homeroom Teacher _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Name _____ Relationship to student _____
 Live in same home? Yes No If no, please complete the following: Home Phone (_____) _____
 Home Address _____ Apt. # _____ Zip Code _____
 City: Bronx Brooklyn Manhattan Queens Staten Island Email _____
 Work Phone (_____) _____ Speaks English? Yes No
 Cell Phone (_____) _____ If no, specify _____

Parent/Guardian #2

Name _____ Relationship to student _____
 Live in same home? Yes No If no, please complete the following: Home Phone (_____) _____
 Home Address _____ Zip Code _____
 City: Bronx Brooklyn Manhattan Queens Staten Island Email _____
 Work Phone (_____) _____ Speaks English? Yes No
 Cell Phone (_____) _____ If no, specify _____

RELEASE OF CHILD

A. I give my child permission to walk home alone at dismissal. Yes No

B. My child will be picked up after-school by me or one of the following individuals:

Name _____ Relationship to student _____

Home Phone (____) _____ Speaks English? Yes No

Cell Phone (____) _____ If not, specify _____

Following emergency medical care, my child may be released to the above named person Yes No

Name _____ Relationship to student _____

Home Phone (____) _____ Speaks English? Yes No

Cell Phone (____) _____ If not, specify _____

Following emergency medical care, my child may be released to the above named person Yes No

Name _____ Relationship to student _____

Home Phone (____) _____ Speaks English? Yes No

Cell Phone (____) _____ If not, specify _____

Following emergency medical care, my child may be released to the above named person Yes No

Yes, I have informed the persons above that they are listed as emergency contacts for my child

C. DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

Name _____ Relationship to student _____

Name _____ Relationship to student _____

PARENT/GUARDIAN SIGNATURE

I give my child permission to participate in all program activities, including academic support, enrichment, social development, arts, sports, recreation, fitness and wellness. I understand that all program activities will be supervised by the community-based-organization providing the services. I agree that the professional staff of the after-school program may meet with my child and review my child's attendance, achievement and guidance records (for Attendance Improvement Dropout Prevention programs only) when appropriate. Our Summer Camp and After School programs are licensed by the NYC Department of Health and Mental Hygiene and are inspected twice yearly. The inspection reports are filed at the Bureau of Food Safety and Community Sanitation located at 253 Broadway, CN 59A New York, N.Y. 10007.

Parent/Guardian Signature _____

Date _____