



CEDARLAND FIT 'N FUN AFTER SCHOOL PROGRAM ENROLLMENT FORM

Please Print Clearly. Complete One Application Per Child

CHILD'S INFORMATION:

Child's Name: _____ Eye Color: _____ Skin Color: _____
 Home Address: _____ Hair Color: _____ Height: _____
 Telephone: _____ Sex: _____ Weight: _____
 Date of Birth: _____ Age At Admission: _____ Current Grade: _____
 Date of Admission: _____ Primary Language: _____
 Identifying Marks: _____
 Allergies/Special Diets: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relation to child: _____	Relation to child: _____
Home Address: _____	Home Address: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Work Name: _____	Work Name: _____
Work Address: _____	Work Address: _____
Work Phone #: _____	Work Phone #: _____
Hours at Work: _____	Hours at Work: _____
Email: _____	Email: _____

ADDITIONAL INFORMATION:

Child's Physician/Clinic: _____
 Address: _____ Phone #: _____
 Chronic health conditions: _____
 Special limitations/concerns: _____

**Please check which day(s) your child will
be attending:**

5 days: _____ Mon: _____ Tues: _____
 Wed: _____ Thurs: _____ Fri: _____

Current School: _____ School Address: _____
 I certify that documentation of physical examinations and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/Guardian initials:** _____
 I allow Cedarland the use of all photographs of my child taken during the After School Program to be used for advertising and promotional material.
Parent/Guardian signature: _____

Parent/Guardian Signature

Date