



# 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: \_\_\_\_\_

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

All 5 days    Mon    Tues    Wed    Thurs    Fri

### 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 #: \_\_\_\_\_  
**Allergies/Special Diets:** \_\_\_\_\_  
Chronic Health Conditions: \_\_\_\_\_  
Special Limitations/Concerns: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Current School: \_\_\_\_\_ School Address: \_\_\_\_\_

-Cedarland Fit 'N Fun After School Program reserves the right to use photos taken during the program for promotional purposes. If you wish that your child's photo not be used you must give a written request to a program administrator.  
-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 my child to use the on-site pools located at Cedarland & Cedardale. **Parent/Guardian initials:** \_\_\_\_\_

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

\_\_\_\_\_  
Date

**STAFF USE ONLY:**

Account #: \_\_\_\_\_

Monthly \$: \_\_\_\_\_

All Forms: \_\_\_\_\_

Tooth Brush: \_\_\_\_\_

Parent Handbook: \_\_\_\_\_

Switch Form: \_\_\_\_\_



# CEDARLAND FIT 'N FUN AFTER SCHOOL PROGRAM TRANSPORTATION PLAN AND AUTHORIZATION

\*\*Please Print Clearly. Complete One Application Per Child\*\*

CHILD'S NAME: \_\_\_\_\_

### MY CHILD WILL ARRIVE AT THE PROGRAM BY:

- \_\_\_\_\_ School Bus Drop Off (Coppola Bus Company)
  - \_\_\_\_\_ Parent Drop Off
  - \_\_\_\_\_ Supervised Walk (WHO \_\_\_\_\_)
  - \_\_\_\_\_ Other (DESCRIBE \_\_\_\_\_)
- Estimated Time of Arrival: \_\_\_\_\_

### MY CHILD WILL DEPART FROM THE PROGRAM BY:

- \_\_\_\_\_ Parent Pick Up
- \_\_\_\_\_ Supervised Walk (WHO \_\_\_\_\_)
- \_\_\_\_\_ Other (DESCRIBE \_\_\_\_\_)

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission for the following people to receive my child at the end of the day. **(If no one is authorized, please indicate by writing "NO ONE")**

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_
2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_
3. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING VIA SWITCH FORM AND MAINTAINED IN THE CHILD'S RECORDS. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.**

-I hereby grant permission for my child to be transported by Cedarland and the contracted providers chosen by them, to and from Cedarland. **Parent/Guardian initials:** \_\_\_\_\_

-I authorize Cedarland to transport my child in the event of an emergency. **Parent/Guardian initials:** \_\_\_\_\_

-Supervised walking excursion in and around the surrounding property/buildings of Cedarland will also be permitted. **Parent/Guardian initials:** \_\_\_\_\_

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

\_\_\_\_\_  
Date



**CEDARLAND FIT 'N FUN AFTER SCHOOL PROGRAM  
FIRST AID AND EMERGENCY MEDICAL CARE  
CONSENT FORM**

\*\*Please Print Clearly. Complete One Application Per Child\*\*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

-I authorize staff in the Cedarland Fit 'n Fun After School Program who are trained in the basics of First Aid to give First Aid when appropriate. **Parent/Guardian initials:** \_\_\_\_\_

-I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child. **Parent/Guardian initials:** \_\_\_\_\_

-I authorize the Cedarland Fit 'n Fun After School Program to administer topical ointments and sprays (Cutter bug spray, and Banana Boat sunscreen) as described in the 'Parent Handbook' **Parent/Guardian initials:** \_\_\_\_\_

Child's Physician Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**Child's Allergies:** \_\_\_\_\_

**Chronic Health Conditions:** \_\_\_\_\_

**Child's Medications:** \_\_\_\_\_

**Emergency Contacts (In Order to be Contacted)**

1. Name \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Do you give permission for your child to be released to this person (circle one)? Yes No

2. Name \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Do you give permission for your child to be released to this person (circle one)? Yes No

3. Name \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Do you give permission for your child to be released to this person (circle one)? Yes No

Health Insurance Coverage:	Policy #:
Parent(s) Name: _____ Phone(w) _____	Phone(h) _____
Parent(s) Name: _____ Phone(w) _____	Phone(h) _____

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

\_\_\_\_\_  
Date