

**COMMUNITIES TOGETHER CAN  
AFTER SCHOOL PROGRAM ENROLLMENT FORM**

School \_\_\_\_\_

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_ Birth date \_\_\_\_\_

Age \_\_\_\_\_ M/F \_\_\_\_\_ Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, NE 68 \_\_\_\_\_  
Father Guardian \_\_\_\_\_ Mother or Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_, NE 68 \_\_\_\_\_ City \_\_\_\_\_, NE 68 \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fist Day of Care \_\_\_\_/\_\_\_\_/\_\_\_\_/ (first day of attendance to the program)

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**HEALTH INFORMATION**

Allergies or Restrictions \_\_\_\_\_

Medications \_\_\_\_\_

Special Concerns \_\_\_\_\_

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**EMERGENCY CONTACTS other than parents – (TWO EMERGENCY CONTACTS REQUIRED)**

Name \_\_\_\_\_ Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

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*MEDICAL RELEASE I hereby authorize Communities Can Together After School Program Staff to take my child to the above-named physician or to Columbus Community Hospital for medical treatment in the event of an emergency in which neither parent can be reached.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

(PLEASE TURN OVER AND COMPLETE THE OTHER SIDE)

PICK UP TIMES – please indicate time the child will be picked up to go home and the days the child will be attending the after school program. **When your child does not attend on the specified days below, you must call the school office and leave a message for After School Program that you child will be gone**

I will pick up my child at (time) \_\_\_\_\_.

Days of the week my child will attend (please X) \_\_\_\_M \_\_\_\_T \_\_\_\_W \_\_\_\_TH\_\_\_\_ F

PERMISSION TO RELEASE – please list all persons your child may be released to at the end of after school care

|                   |                   |
|-------------------|-------------------|
| Name_____         | Name_____         |
| Phone_____        | Phone_____        |
| Relationship_____ | Relationship_____ |
| Name_____         | Name_____         |
| Phone_____        | Phone_____        |
| Relationship_____ | Relationship_____ |

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**BY SIGNING THIS I AGREE TO THE FOLLOWING:**

1. I give my permission for my child to be enrolled in the Communities Together Can – After School Program activities.
2. I understand that the Communities Together Can – After School Program does not carry health and accident insurance for my child, and that I as guardian will be primarily responsible in the case of injury where bills are incurred.
3. I give permission for the Communities Together Can – After School Program and YMCA to transport my child for the purpose of medical care and other program activities.
4. I give permission for the Communities Together Can – After School Program to use any of my child’s name, photographs, writings, artwork etc. for the purposes of marketing, publicity for program and activities, and documentation of instructional evaluation.
5. I understand that my child may be suspended or dismissed for failure to follow rules, failure to participate and failure to follow general operating procedures of the Communities Together Can – After School Program. As the parent/guardian, I will work as a partner with Communities Together Can – After School Program staff to ensure my child is successful in the program.
6. I understand that Communities Together Can After School Program closes at 6:00 p.m. and that a late fee of **\$1.00 per minute** will be charged to me starting at 6:05 p.m. until the time my child is picked up.
7. I understand that it is my responsibility to pick up billing invoices from my child’s file at the After School Program and pay the bill, even if my child is not in regular attendance, or I will be subject to late fees.

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

\_\_\_\_\_  
Date

**Communities Together Can After School Program provides an equal opportunity for enrollment for all children and will not discriminate on the basis of origin, faith, race, disabilities, or gender.**

