



**After School Homework & Enrichment Program
ENROLLMENT FORM**

Your Child's Information

Last Name: _____ First Name: _____

Date of Birth: _____ Gender (Please Circle) M F

Current Grade Level: _____

Your Child's Medical Information

Is there documentation of a physical exam, immunization on file at your child's school? (please attach copy)

YES NO

While at Empower After School program, will your child have to take any medications in case of emergency or for any disability? YES NO

Please list any and all ALLERGIES and specific limitations or concerns the child may have, such as dietary restrictions or chronic health condition. If none, please indicate by writing "N/A":

Parent /Guardian Information

The two people listed below are authorized to pick up your child from the program and are the first to be contacted in an emergency.

Parent 1/Guardian: _____

Relationship to child: _____

Current Home Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Personal Cell Number: _____

Work Number: _____ Email Address: _____

Parent 2/Guardian: _____

Relationship to child: _____



Current Home Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Personal Cell Number: _____

Work Number: _____ Email Address: _____

In addition to those listed above, the contacts below are also authorized to pick up the child from the program. Any additional changes to the contacts must be provided in writing. Contacts should be 18 years old and above.

Name: _____

Relationship to child: _____

Phone: _____ Email Address: _____

Name: _____

Relationship to child: _____

Phone: _____ Email Address: _____

Days/Weekly WEEKLY-Mem or Non-Mem MONTHLY-Mem or Non-Mem

Partial week-1 to 3 \$55/wk or \$60/wk \$220/mo or \$240/mo

Full week- 4 to 5 \$85/wk or \$90/wk \$340/mo or \$360/mo

Daily Rate- \$20

Extra Tutoring \$25/Session How many sessions? _____

Transportation \$13/Ride How many rides? _____

Parent/Guardian Signature: _____ Date: _____