



Before and After School Club Application

Child's First Name: _____ **Last Name:** _____

Date of Birth: ____/____/____ **Parents or Guardian's Name(s):** _____

Address: _____ **Home Phone #:** _____

Mother's Work Phone # _____ **Father's Work Phone#:** _____

Mother's Cell# _____ **Father's Cell Phone#:** _____

Family Email: _____

Person(s) authorized to pick up your child / Emergency Contacts: (Person must show picture I.D.)

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Is your child under medical care or taking any medication(s)? Yes No

If yes, please check all of the following conditions that your child has and indicate if medication needs to be dispensed at school?

Bee Sting Allergy Epi-pen Yes No Other Allergies: _____

Asthma Inhaler Yes No

Diabetes Insulin Yes No

Vision / Hearing Glasses Yes No

Family Health Care: Physician's Name: _____ Phone #: _____

Does the Crossway Academy Before and After School Club have permission to use photos of your child in educational or promotional materials (including the Crossway Website)? Yes: _____ No: _____

Parent or Guardian Signature: _____ **Date:** _____

For Office Use Only

Enroll Date: _____ Initials: _____

Date Disenrolled: _____ Reason: _____