

ENROLLMENT FORM

GRADE \_\_\_\_\_

AM 7:00-8:30

M \_\_\_\_\_

PM 3:00-6:00

ENR \_\_\_\_\_

DRAWAL DATE \_\_\_\_\_

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

Birth Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Driver License# \_\_\_\_\_

Driver License# \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

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

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

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

Employer Phone # \_\_\_\_\_

Employer Phone # \_\_\_\_\_

Beeper/Cell Phone # \_\_\_\_\_

Beeper/Cell Phone # \_\_\_\_\_

Parent permitted to remove child:

Mother Yes \_\_\_ No \_\_\_

Step-Mother Yes \_\_\_ No \_\_\_

Father Yes \_\_\_ No \_\_\_

Child's City/State \_\_\_\_\_

Name: \_\_\_\_\_

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

Address \_\_\_\_\_

Name: \_\_\_\_\_

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

Address \_\_\_\_\_

SPECIAL MEDICAL CHILDREN

Other persons permitted to remove \_\_\_\_\_

Address \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY CARE**

In case of an emergency, if the parent/guardian is unable to be reached, the school may make whatever arrangements necessary to provide care and treatment.

In case of an accident or serious illness where immediate medical attention is required and the parent/guardian is unable to be reached, I hereby authorize the school to contact one of the persons listed on the following page.

Name of Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

I hereby authorize the school to release and forever discharge the school and the undersigned from any and all liability that may arise from personal injury, illness or unknown to the undersigned at the time of the accident and property damage occurring during (School Name) Extended Day Program.

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

**MEDICATION POLICY**

The Board of Education in Duval County is responsible for the health and safety of the students in the schools. The policy states that the school is responsible for the care of the student while at the school. Directions taken from the parent/guardian are required for the school to administer medication.

Release Form, which should be filled out by the parent/guardian and returned to the school. The Release Form should be kept in the school office.

I request that my child, (or legal ward) \_\_\_\_\_ be allowed to receive external and/or internal medication as needed during school hours; and I will provide the medication.

A copy of the directions is on file in the school office. Further, I agree to waive any and all liability that may arise from personal injury, illness or property damage occurring during (School Name) Extended Day Program, regardless of the circumstances."

\_\_\_\_\_  
PARENT/GUARDIAN