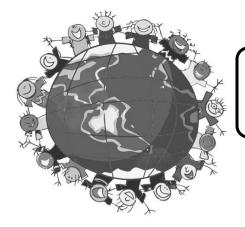
Start d	late:



Fallbrook Community Development Center Before & After School

Student Enrollment Application

	Before:	After:	Before & After: _	
Grade:			School:	
Student Name:			D.O.B.:	Sex: Age:
Student's Home Address	:			
Student's Home Telepho	ne:		Email:	
Parent/Guardian Informa	tion:			
Mother's Name:			Father's Name:	
(If different from above)			(If different from above)	
Address:			Address:	
City/State:			City/State:	
Cell:	Work:		Cell:	Work:
Driver's License No.:		_ State:	Driver's License No.:	State:
I	Parents' Status:	Married S	Single Divorced Se	eparated
If divorced, who has lega	al custody of chil	d?		
A copy of	the Divorce De	cree must be kept on	n file, stating who has legal cus	tody of the child.
Please give the names an	d phone number	s of persons to call in	n case of an emergency, if paren	nt/guardian cannot be reached.
			Phone:	
Name:		Relation:	Phone: _	
leave with the following	persons. I unde	rstand that this serve		ent Center to allow my child to the persons on this list may pick
Name:		Relation:	Phone: _	
Name:		Relation:	Phone: _	

"Preparing our students to be leaders of tomorrow."

Start	date:	

Authorization Form

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:					
Name of Physician:	Address:	Phone:			
Name of Emergency Medical Care Facility:					
I give consent for Fallbrook Community Development Center to secure any and all necessary emergency medical care for my child.					
Signature of Parent/Legal Guardian	Date				
List any special problems that your child may have, such as allergies, existing illness, previous serious illnesses, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:					
Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at 800-414-0301 (voice) or 800-514-0383 (TTY).					
	CHECK ALL THAT APPLY:				
I HEREBY GIVE MY CHILD(REN) THE FOLLOWING	CONSENT:				
FIELD TRIPS: CAN	N PARTICIPATE	CANNOT PARTICIPATE			
WATER ACTIVITIES: CAN	N PARTICIPATE	CANNOT PARTICIPATE			
TRANSPORTATION: CAN	N PARTICIPATE	CANNOT PARTICIPATE			
SCHOOL AGE CHILDREN:					
☐ My child attend the following school and his/her immunization record is on file at that school. All required immunizations and/or tuberculosis tests are current. Vision and hearing screening records are on file.					
Name of School	School Phone N	Number			
School Address					
I ACKNOWLEDGE RECEIPT OF FALLBROOK COMMUNITY DEVELOPMENT CENTER'S HANDBOOK AND POLICIES, TUITION AGREEMENT AND REGISTRATION FEES. FOR YOUR CHILD(REN)'S SAFETY, ALL CHILDREN MUST BE BROUGHT INTO THE BUILDING AND LEFT IN THE PRESENCE OF A STAFF MEMBER AS WELL AS SIGNING IN UPON ARRIVAL. THE SAME APPLIES WHEN LEAVING THE CENTER FOR THE DAY.					
Parent's Signature:	Date	»:			

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