



Start date: \_\_\_\_\_

## 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 Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Parent/Guardian Information:

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: \_\_\_\_\_

Parents' Status: \_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Separated

If divorced, who has legal custody of child? \_\_\_\_\_

***A copy of the Divorce Decree must be kept on file, stating who has legal custody of the child.***

Please give the names and phone numbers of persons to call in case of an emergency, if parent/guardian cannot be reached.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In addition to the above-mentioned persons, I authorize Fallbrook Community Development Center to allow my child to leave with the following persons. I understand that this serves as written authorization and the persons on this list may pick up at any time without prior notice. (Child(ren) will be released after verification of ID.)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

*"Preparing our students to be leaders of tomorrow."*

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## 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 PARTICIPATE \_\_\_\_\_ CANNOT PARTICIPATE

WATER ACTIVITIES: \_\_\_\_\_ CAN PARTICIPATE \_\_\_\_\_ CANNOT PARTICIPATE

TRANSPORTATION: \_\_\_\_\_ CAN 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 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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