

# Maple After School Application

## Student's Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Male  Female   
Grade \_\_\_\_\_

## Parent/Guardian #1

Relationship to student \_\_\_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Parent/Guardian #2

Relationship to student \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## FOR EMERGENCY USE WHEN PARENT CANNOT BE LOCATED

Relative/Friend's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Relative/Friend's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Relative/Friend's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Parent or Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_

**\*More Information on Back\***

**Maple Elementary Summer School Application 2022 (continued)**

**HEALTH INFORMATION FORM**

Does your student have a history of any of the following?

Asthma  Diabetes  Heart Condition  Convulsive Disorder  Lactose Intolerance

Allergies (list) \_\_\_\_\_  
\_\_\_\_\_

Other Medical Problems \_\_\_\_\_  
\_\_\_\_\_

Is member on any medication? Yes  No

If yes, list name, time, and amounts given \_\_\_\_\_  
\_\_\_\_\_

Hearing Loss? Yes  No  Wearing Hearing Aids? Yes  No

Wearing Contact Lenses? Yes  No  Wearing Glasses? Yes  No