

Kankakee Valley Before-School Program Student Enrollment Form

Please indicate the student's home school: DES WES KVIS

Please print:

First name: _____ Last name: _____

Birth date: _____ Age: _____ Gender: Male / Female (Please circle one)

Grade: _____ Room #: _____ Teacher: _____ Bus: _____

Do you want your child to do homework in the Before-School Program? Yes No No preference
Is your child on a lunch program? No Yes If yes, please circle one: Reduced Free

Parent/Guardian's name: _____

Address: _____

City: _____ State: _____ Zip code _____

Home phone: _____ Email: _____

Parent #1

First name: _____

Last name: _____

Employer: _____

Work phone: _____

Cell phone: _____

Marital status: _____

Parent #2

First name: _____

Last name: _____

Employer: _____

Work phone: _____

Cell phone: _____

Marital status: _____

Emergency contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical information

Doctor's name: _____ Phone: _____

Does your child have any allergies? Yes No

If yes, please describe: _____

Is your child on any medications? Yes No

If yes, please describe: _____

Is your child on any medications? Yes No

If yes, please describe: _____

Preferred hospital in the event of an emergency: _____