

**KANKAKEE VALLEY AFTER-SCHOOL PROGRAM
STUDENT ENROLLMENT FORM**

Child's First Name: _____ Child's Last Name: _____ Nickname: _____
Child's Birth Date: _____ Age: _____ Gender: ___Male ___Female
Grade: _____ Room# _____ Teacher: _____ Bus# _____

Would you like your child(ren) to work on his/her/their homework while at the program: Yes ___ No ___
No Preference ___

Does your child(ren) qualify for free or reduced lunch? If yes, please circle one: REDUCED or FREE

Parent/Guardian Full Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Email: _____

Parent/Guardian #1

First Name: _____ Last Name: _____
Employer: _____
Work Phone: _____ Cell Phone: _____

Parent/Guardian #2

First Name: _____ Last Name: _____
Employer: _____
Work Phone: _____ Cell Phone: _____

List Individuals Authorized to Pick Up Your Child(ren) From the After-School Program:

Name: _____ Phone: _____
Name: _____ Phone: _____

Emergency Contacts:

Name: _____ Phone: _____
Name: _____ Phone: _____

Medical Information:

Doctor's Name: _____ Phone: _____

Does your child have any allergies? Yes ___ No ___
If yes, please list: _____

Is your child on any medications? Yes ___ No ___
If yes, please list: _____

Is your child on a special diet? Yes ___ No ___
If yes, please describe: _____

Preferred hospital in the event of an emergency: _____