

ST. LUKE'S AFTER SCHOOL PROGRAM

Application Date: _____

5805 98th St.

Admission Date: _____

(806) 790-9664

Withdrawal Date: _____

Director: Brenda Cruz brenda@stlukeslubbock.org

Child Information

Legal Name: _____ Address: _____

City, Zip: _____ Phone #: _____

DOB: _____

Full Time: _____ M-F 3:30 PM-6:00 PM

Parent/Guardian Information

Father's Name: _____ Address: _____

Work #: _____ Cell #: _____

Occupation: _____ Email: _____

Mother's Name: _____ Address: _____

Work #: _____ Cell #: _____

Occupation: _____ Email: _____

Other than you, who else has permission to pick up your child from our center?

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Emergency Contact

Name: _____ Address: _____

Phone # _____ Relationship: _____

Authorization for emergency medical attention:

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:

Physician name: _____ Address: _____ Phone: _____

Emergency Medical Care facility: _____ Address: _____ Phone: _____

I give consent for the facility 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 illness, 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:

*Food Allergies will require an action plan made in consultation with your child's physician.

Make a choice for each statement:

1. Transportation: I hereby ___give ___do not give consent for my child to be transported and supervised by the facility's staff ___for emergency care ___on field trips ___to and from home ___to and from school.
 2. Field Trips: I hereby ___give ___do not give consent for my child to participate in field trips.
 3. Water Activities: I hereby ___give ___do not give consent for my child to participate in water activities:
 - a. ___sprinkler play
 - b. ___splashing/wading pools
 - c. ___swimming pools
 - d. ___water table play
 4. I understand that the following meals will be served to my child while in care:
 - a. ___none ___Breakfast ___AM Snack ___Lunch ___PM Snack ___Supper ___Evening Snack
-

After School

My child attends the following school and his/her immunization record is on file at the school and all immunizations and tuberculosis test are current.

Name of School: _____

Address: _____

Phone #: _____

My child has permission to _____ride a bus, and/or ___walk to or from school or home, ___be released to the care of his/her siblings under the age of 18 years old.

Signature of Parent/Legal Guardian: _____ Date: _____

I have received a copy of the St. Luke's After School & Super Summer Program Parent Handbook and Operational Policies, which includes Discipline & Guidance Procedures. If any changes are made, I will receive a written notice.

Signature of Parent/Legal Guardian: _____ Date: _____

I agree that the above information is correct and that all information needed to enroll my child is complete.

Signature of Parent/Legal Guardian: _____ Date: _____