

**Shaker Heights Community Life Department
School Age Care Enrollment Application**

First Parent:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell # _____

Company/Employer Name: _____

Address: _____ City: _____ Zip: _____

Work Phone #: _____ 2nd Work Phone #: _____

Email: _____

Reference Source: How did you hear about our program? _____

Second Parent:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell # _____

Company/Employer Name: _____

Address: _____ City: _____ Zip: _____

Work Phone #: _____ 2nd Work Phone #: _____

Email: _____

Child:

School: _____ Grade: _____

Name: _____ Birth Date: _____ Sex: _____

Address (if different from Parent's): _____

City: _____ State: _____ Zip: _____

Home Phone #: (____) _____

Please indicate the first date your child will attend: _____

Medical Information:

Physician: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Dentist: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Preferred Hospital: _____ Phone #: _____

Allergies (food, medication or environmental) and precautions, reactions and treatment

Medications, food supplements, modified diet currently being administered:

Any additional health, chronic physical problems, special needs or enrollment information you feel we should know about your child:

Is your child currently on a behavior plan at school? YES / NO

If Yes, please explain: _____

Emergency Transportation Authorization:

Complete either Part I or Part II. Do not complete both.

This form only authorizes the childcare facility to secure emergency transportation for a child. It does not authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental treatment, as each emergency facility sets their own treatment procedures.

Part I: Permission to Transport Child

I give Shaker Community Life Department my permission to transport my child _____ to _____

(name of child) (hospital, clinic)

for emergency medical care or to _____

(dentist, dental clinic)

for emergency dental care, or to the nearest available source of assistance.

Parent Signature: _____ Date: _____

Part II: Refusal to Grant Permission to Transport Child

I do not give Shaker Community Life Department my permission to transport my child _____ for emergency medical or dental care. In the event of an illness or injury, which requires emergency medical or dental treatment, I wish the following action to be taken:

Parent Signature: _____ Date: _____

Field Trip Permission Form:

Field trips will be planned from time to time as part of the activity of the school age care program. Every possible precaution will be exercised to assure the safety and welfare of your child. However, the Shaker Heights Community Life Department and its authorized agents shall not be held responsible financially otherwise, should an accident occur.

_____ has permission to participate in SAC field
(child's name)
Trip programs.

Parent Signature: _____ Date: _____

Emergency Contact/Authorized Pick-up People:

Contact (1) Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone () _____ Second Phone - Cell () _____

Relationship to child: _____
Emergency Contact: Yes No Authorized to Pick Up: Yes No

Contact (2) Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone () _____ Second Phone - Cell () _____

Relationship to child: _____
Emergency Contact: Yes No Authorized to Pick Up: Yes No

Contact (3) Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone () _____ Second Phone - Cell () _____

Relationship to child: _____
Emergency Contact: Yes No Authorized to Pick Up: Yes No

Choice of Child Care Service: (check as many as will apply)

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Before Care <i>7:00am – start of school day</i> | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time (please circle necessary days) Mon Tues Wed Thurs Fri |
| <input type="checkbox"/> After Care <i>close of school day – 6:30pm</i> | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time (please circle necessary days) Mon Tues Wed Thurs Fri |

****Please note: If your child attends three days or more a week, it is considered Full Time.***