## **Kids Corral After School Enrichment Program**

First Middle Last Gender Male Penuls Street Address Trown/City State Zip code Child's Home Phone  Parent/Guardian - Contact Information  Parent/Guardian B1  First Last Ms. Mrs. Mr. Other Street Address Town/City State Zip Code Home Phone Work Phone Cell phone FAX Employer  Parent/Guardian #2  First Last Ms. Mrs. Mr. Other Street Address Town/City State Zip code Home Phone Daytime phone Cell phone FAX Employer  Parent/Guardian #2  First Last Ms. Mrs. Mr. Other Street Address Town/City State Zip code Home Phone Daytime phone Cell phone FAX Employer  Cell phone FAX Employer  Cell phone Employer  Child lives with:  Person responsible for payment  Emergency Contact Information - Alternate Pickup/Release  Emergency Contact Information - Alternate Pickup/Release  Emergency Contact Information - Alternate Pickup/Release  Emergency Contact Information - Relation to child  Emergency Contact Information - Alternate Pickup/Release  Emergency Contact Informatio	Child				
Street Address  Parent/Guardian + Contact Information  Parent/Guardian #1  First Last Ms. Mrs. Mr. Other  Street Address  Coll phone FAX Employer  Parent/Guardian #2  First Last Ms. Mrs. Mr. Other  Street Address  Cocupation Employer  Parent/Guardian #2  First Last Ms. Mrs. Mr. Other  Street Address  Street Address  Cocupation Employer  Parent/Guardian #2  First Last Ms. Mrs. Mr. Other  Street Address  Cocupation Employer  Parent/Guardian #2  First Last Ms. Mrs. Mr. Other  Street Address  Cocupation Employer  Coll phone Daytime phone  Cell phone Email  Cocupation Employer  Child lives with:  Person responsible for payment  Emergency Contact Information - Alternate Pickup/Release  Emergency Contact #1  First Name Last Name Home Phone Work Phone  Cell Phone Email Relation to child  Emergency Contact #2  First Name Last Name Home Phone More More Phone Employer  Cell Phone Email Relation to parents/guardians who are permitted to pick up your child:  1: 2: 3:  Medical Release Information  Insurance Information  Policy Number Name of Health Insurance Provider  Primary Physician  Address  Phone Hospital Preference  Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Scizures).  Medical Problem Required treatment Should paramedic be called?  Yes/No Yes/No Yes/No Yes/No Yes/No If yes, explain:  Is your child ellergic to any type of food or medication? Yes No If yes, explain:  Is your child allergic to any type of food or medication? Yes No If yes, explain:	First	Middle	Last	Gender: Male Female_	
Street Address Town/City State Zip code Child's Home Phone  Parent/Guardian #1 First Last Ms. Mrs. Mr. Other Street Address Town/City State Zip Code Home Phone Cell phone Decupation FAX Employer  Parent/Guardian #2 First Last Ms. Mrs. Mr. Other Street Address Town/City State Zip Code Home Phone Cell phone FAX Employer  Parent/Guardian #2 First Last Ms. Mrs. Mr. Other Street Address Town/City State Zip code Home Phone Decupation Employer  Daytime phone Cell phone Cell phone Cell phone Cell phone Cell phone Child lives with: Person responsible for payment  Emergency Contact Information - Alternate Pickup/Release Emergency Contact #1 First Name Last Name Home Phone Cell Phone Email Relation to child Emergency Contact #2 First Name Last Name Last Name Home Phone Cell Phone Email Relation to child Emergency Contact #2 First Name Last Name Last Name Home Phone Cell Phone Email Relation to child Please list those people including in addition to parents/guardians who are permitted to pick up your child: 1: 2: 3:  Medical Release Information Name of Health Insurance Provider Primary Physician Address Hoope Hospital Preference  Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Scizures).  Medical Problem Required treatment Should paramedic be called? Yes/No Ye	School Name		Grade Birth date	/Age (as of June 30, 2011)	
Parent/Guardian + Contact Information Parent/Guardian #1  First	Street Address				
Parent/Guardian / Contact Information Parent/Guardian #1  First	Town/City	State	_Zip codeC	hild's Home Phone	
First Street Address Town/City State Zip Code Home Phone Work Phone Cell phone FAX Employer  Parent/Guardian #2 First Last Ms. Mrs. Mr. Other Street Address Town/City State Zip code Home Phone E-mail Occupation					
Street Address   Cell phone					
Street Address   Cell phone	First	Last		Ms. Mrs. Mr. Other	
Parent/Guardian #2	Street Address				
Parent/Guardian #2	Town/City	State Zip Code	Home Phone	Work Phone	
Parent/Guardian #2	Cell phone	FAX		E-mail	
Parent/Guardian #2	Occupation		Employer		
Street Address Town/City State Zip code Home Phone Daytime phone Cell phone FAX Employer Child lives with: Person responsible for payment  Emergency Contact Information — Alternate Pickup/Release Emergency Contact #I First Name Last Name Home Phone Work Phone Cell Phone Email Relation to child  Emergency Contact #2 First Name Last Name Home Phone Work Phone Cell Phone Email Relation to child  Emergency Contact #2 First Name Last Name Home Phone Work Phone Cell Phone Email Relation to child  Emergency Contact #2 First Name Last Name Home Phone Work Phone Cell Phone Email Relation to child  Emergency Contact #2 First Name Name Home Phone Name of Health Insurance Provider  Please list those people including in addition to parents/guardians who are permitted to pick up your child:  1: 2: 3:  Medical Release Information Insurance Information Policy Number Name of Health Insurance Provider  Primary Physician Address Phone Hospital Preference  Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).  Medical Problem Required treatment Should paramedic be called?  Yes/No Yes/No Yes/No Yes/No Hespital Presently being treated for an injury or sickness, or taking any form of medication for any reason?  Yes No If yes, explain:					
Street Address Town/City State Zip code Home Phone Daytime phone Cell phone FAX Employer Child lives with: Person responsible for payment  Emergency Contact Information — Alternate Pickup/Release Emergency Contact #I First Name Last Name Home Phone Work Phone Cell Phone Email Relation to child  Emergency Contact #2 First Name Last Name Home Phone Work Phone Cell Phone Email Relation to child  Emergency Contact #2 First Name Last Name Home Phone Work Phone Cell Phone Email Relation to child  Emergency Contact #2 First Name Last Name Home Phone Work Phone Cell Phone Email Relation to pick up your child:  1: 2: 3:  Medical Release Information Insurance Information Policy Number Name of Health Insurance Provider Primary Physician Address Phone Hospital Preference Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).  Medical Problem Required treatment Should paramedic be called? Yes/No Yes/No Yes/No Yes/No If yes, explain:  [8 your child allergic to any type of food or medication? Yes No If yes, explain:	First	Last		Ms. Mrs. Mr. Other	
Town/City State Zip code Home Phone Daytime phone Cell phone FAX E-mail Occupation Employer Child lives with: Person responsible for payment  Emergency Contact Information - Alternate Pickup/Release  Emergency Contact II First Name Last Name Home Phone Relation to child  Emergency Contact #2 First Name Last Name Home Phone Work Phone Cell Phone Email Relation to child  Emergency Contact #2 First Name Last Name Home Phone Work Phone Cell Phone Email Relation to child  Please list those people including in addition to parents/guardians who are permitted to pick up your child: 1: 2: 3:  Medical Release Information Folicy Number Name of Health Insurance Provider Primary Physician Address Phone Hospital Preference  Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).  Medical Problem Required treatment Should paramedic be called? Yes/No Yes/No Yes/No Yes/No If yes, explain:  Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes No If yes, explain:	Street Address				
Emergency Contact Information — Alternate Pickup/Release  Emergency Contact II First Name	Town/City	State Zip code	Home Phone	Daytime phone	
Emergency Contact Information — Alternate Pickup/Release Emergency Contact II First Name	Cell phone	FAX		E-mail	
Child lives with:  Person responsible for payment  Emergency Contact Information — Alternate Pickup/Release  Emergency Contact #1  First Name	Occupation	11111	Employer		
Emergency Contact Information – Alternate Pickup/Release  Emergency Contact #1 First Name	Child lives with:		Employer		
Emergency Contact #1 First Name	Person responsible for paym	nent			
Emergency Contact #1 First Name	Emergency Contact Info	ormation – Alternate Pick	un/Release		
First Name			-p1010000		
Emergency Contact #2 First Name	Eirst Name	Last Name	Home Phone	Work Phone	
Emergency Contact #2 First Name	Cell Phone	Last Name Fmoil	1101116 F110116	Relation to child	
First Name	COII I HOHE	EHIAH		Kelauon to child	
First Name	Emergency Contact #2				
Please list those people including in addition to parents/guardians who are permitted to pick up your child:  1:	Emergency Contact #2 First Name	Last Name	Homa Dhana	Work Phone	
Please list those people including in addition to parents/guardians who are permitted to pick up your child:  1:	Coll Dhone	Last Name	nome rnone	Polation to shild	
1:	CEII FIIOIIC	EHIAH	Email Kelation to child		
Medical Release Information Insurance Information Policy Number					
Insurance Information Policy Number				5	
Policy Number		<del></del>			
Primary Physician			Name of Health Insurance	Provider	
Address Phone Hospital Preference  Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).  Medical Problem Required treatment Yes/No Yes/No Yes/No Yes/No Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?  Yes_No_If yes, explain:  Is your child allergic to any type of food or medication?  Yes_No_If yes, explain:					
Phone					
Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).  Medical Problem  Required treatment Yes/No Yes/No Yes/No Yes/No Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?  Yes_No_If yes, explain:  Is your child allergic to any type of food or medication?  Yes_No_If yes, explain:			snital Preference		
Medical Problem  Required treatment Yes/No Yes/No Yes/No Yes/No  Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? YesNoIf yes, explain:  Is your child allergic to any type of food or medication? YesNoIf yes, explain:  YesNoIf yes, explain:	i none		opiai i reference		
Yes/No Yes/No Yes/No  Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? YesNo If yes, explain:  Is your child allergic to any type of food or medication? Yes No If yes, explain:	Please list any medical prob	lems, including any requiring	maintenance medication (i.	e. Diabetic, Asthma, Seizures).	
Yes/No Yes/No  Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? YesNoIf yes, explain: Is your child allergic to any type of food or medication? YesNoIf yes, explain:	Medical Problem	Required trea			
Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?  Yes No If yes, explain:					
Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?  Yes No If yes, explain:					
Yes No If yes, explain:s your child allergic to any type of food or medication? Yes No If yes, explain:				Yes/No	
Is your child allergic to any type of food or medication?  Yes No If yes, explain:					
Does your child require a special diet?	Is your child allergic to any	type of food or medication?			
	Does your child require a sp	ecial diet?			
N 10 1'	V N IC 1.				
Yes No IT yes, explain:	The nurnose of the above lie	ted information is to ensure th	at medical personnel have	details of any medical problem which may interfe	

## **Kids Corral After School Enrichment Program**

with or alter treatment.

## In case of medical emergency contact:

		Name	Phone #	Relationship to Child
Contact #1				
Contact #2				
Contact #3				
reached, I a becomes ill	authorize the ca l. d that Covenar	notified in the case of a medical emergaling of a doctor and the providing of a doctor and the providing of a table of the table of tabl	necessary medical servic Parent's/C	
			Parent's/C	Guardian's Initials
TUITION I	NFORMATIO	N – contact for current tuition price	es	
Please circl	e how you he	ard about the Kids Corral after	School Enrichment P	Program.
Facebook	Website	School Word	of Mouth Flyer	Other
Terms of A	greement			
Photo Releas	se			
teep a journa newspaper an	l of activities, to do not the intern	o share during power point presentation	ons and/or for promotion d's photograph may be u	res. I understand the photos will be used to al purposes including flyers, brochures, used for advertising, his or her identity will retacted and its affiliates.
		Par	ent's/Guardian's Initials	
Transportati	ion Release			
	permission for Covenant Acre		chool to Covenant Acres	and activities by modes of transportation
		Par	ent's/Guardian's Initials	
change. I und ohysician ord	erstand that no lers. Children's	fees will be refunded or transferred up photos and quotes may be used for pu	nless a child is unable to ablicity purposes. In case	perty. All scheduled events are subject to participate due to an accident or illness per e of an emergency, and if a family physiciar nnel (i.e. EMT, First Responder, and/or
Guardian Sig	nature:			Date:
rinted Name	e of Parent/Gua	rdian:		