



2014-2015 School Year

EAGLE CHILD CARE ENRICHMENT SERVICE
APPLICATION

Child's Name _____ Grade _____ Teacher _____

Parent/Guardian _____

Address _____
City/State and Zip Code _____

Home Phone _____ Cell Phone _____ Work _____ Email _____
(Mother) (Mother)

Home Phone _____ Cell Phone _____ Work _____ Email _____
(Father) (Father)

Place of Employment _____ (Mother) Place of Employment _____ (Father)

Emergency Contact Person #1 _____ Home
Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact Person #2 _____
Home Phone _____ Cell Phone _____ Work Phone _____

Physician _____ Phone _____

II. Program Information

INDICATE PROGRAM(S) IN WHICH YOUR CHILD(REN) WILL PARTICIPATE

☐ Morning Care Program

☐ Evening Care Program

III. AUTHORIZATIONS

I HEREBY AUTHORIZE EAGLE CARE TO SEND MY CHILD TO A LICENSED PHYSICIAN IN THE EVENT OF AN EMERGENCY IN WHICH PARENTS, GUARDIANS, OR EMERGENCY CONTACTS ARE UNAVAILABLE.

Child's medical problems (including Allergies) _____

Are there any limitations in regard to physical activities? _____

Signature of Parent/Guardian _____ Date _____

I hereby authorize the following persons to pick up my child in the evenings:

Name _____ Phone (H) _____ Cell _____ Work _____

Name _____ Phone (H) _____ Cell _____ Work _____

I ALSO UNDERSTAND THAT CHILDREN ARE RESPONSIBLE TO COME DIRECTLY TO EAGLE CARE AT DISMISSAL TIME FOR ROLL CALL BEFORE PERMISSION IS GIVEN FOR OTHER SCHOOL ACTIVITIES. I TAKE FULL RESPONSIBILITY FOR MY CHILD FOLLOWING THIS RULE. **IT IS MY AND MY CHILD'S RESPONSIBILITY TO NOTIFY THE SUPERVISING TEACHER OR PROGRAM DIRECTOR WHEN MY CHILD WILL NOT ATTEND EAGLE CARE.**

Parent/Guardian Signature _____ Date _____

OFFICIAL USE ONLY

Registration Fee Paid ____Yes ____No

Receipt No _____ Date _____