

North Rose Wolcott Middle School
After the Bell – After School Enrichment Program

5957 New Hartford Street
Wolcott, NY 14590
(315)594-3130

Enrollment Form

Student Name		Gender	
Date of Birth		Grade Level	
Home Address		Home Phone	
City/Zip Code		Race/Ethnicity	

Mother/ Guardian Name		Place of Employment	
Home Address		Work Address	
City/ Zip Code		Work Phone	
Home Phone		Cell Phone	

Father/ Guardian Name		Place of Employment	
Home Address		Work Address	
City/Zip Code		Work Phone	
Home Phone		Cell Phone	

List other household members

Name	Age	Gender

Housing (circle one): Rent
Own
Other_____

Are there currently child custody papers on file for your child? Yes or No
(If so please provide a copy to have on file)

In an emergency, if you cannot be reached, who else may we contact to pick up the student?

First Emergency Contact		Second Emergency Contact	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

Other than the people listed above, is there anyone who is likely to pick your child up on a regular basis?

Is there anyone that should never be allowed to pick your child up from the program? (Please List)

As a part of the after school program, your child may have the opportunity to participate in a variety of different activities. Please review the list below. If you give permission for your son or daughter to fully participate in all of the activities listed, please initial next to each. If there is an item that you would prefer your son or daughter not be a part of, leave that line blank.

- General field trips (specific permission slips will be sent home to confirm each trip)
- Water play in sprinklers, pools, and other areas where qualified lifeguards are present
- Media releases (photos or quotes may appear in school newsletters, etc.)

We would like to know a little information about your child in order to assure that our program is meeting all of his/her needs:

Should the staff be aware of any behavioral or social issues when supervising your son or daughter?

Does your child have any special interests?

Does your child have any special needs?

Does your child prefer working with others or working independently?

The staff takes great care in maintaining a safe and healthy environment for our students. Please fill out the medical history and information below to assist us in caring for your child.

Does your child have any allergies to food, medicine, animals, or insects? (please specify)

Does your child take any medications on a regular basis? (please specify)

What medications need to be given during program hours? (Please write the exact name of the medicine, size of dosage, time to be taken, etc.)

Has your child had any major medical procedures or injuries of which we should be aware?

In the event that you can not be reached in an emergency and the staff must make medical decisions in your behalf, are there any medical procedures that you would not want your child to receive because of your family's religious or cultural beliefs?

Under New York State School-Age Child Care Regulations, we must have medical histories on file for students. May we access the school nurse's records to fulfill this requirement for your child? _____

Please read carefully the information below, then print your name, sign, and date if you agree to its stipulations: All information that I've written on this form, to the best of my knowledge, is accurate and up-to-date. I will notify the staff of the After School Program when changes should be made on any part of this form. I have read the parent handbook and agree to fulfill what is expected of me as a parent/ guardian with the program. I also give permission to the staff to authorize care for my child in the event of accident or injury when I or other authorized guardians and emergency contacts can not be reached.

Parent Name (please print)

Parent Signature

Date