

Forest Hills Lutheran Christian School A+ Extended Care Before and After School Enrollment Form 2018-2019

Students must be enrolled prior to attending Extended Care. Please complete and return form to the school office.

Student _____ Age _____ Grade _____ DOB _____
Last, First

ALLERGY ALERT: Does child have allergies: Yes ___ No ___

List all allergies or other health problems, including instructions for providing best possible care in regard to stated conditions.

Do any of the medical conditions restrict the child's activities? Yes ___ No ___

Parent or Guardian Contact Information:

Name _____ Relationship _____

Work/Cell Phone: _____ Home Phone: _____ Other: _____

Name _____ Relationship _____

Work/Cell Phone: _____ Home Phone: _____ Other: _____

Emergency Contact – person(s) other than parent or guardian this is authorized to pick up child:

Name: _____ Phone _____

Relationship to Child: _____

Name: _____ Phone _____

Relationship to Child: _____

Medical/Dental Contact Information

Insurance Provider and Policy Information _____

Primary Physician Name _____ Phone _____

Dental Provider _____ Phone _____

Parent or Guardian Authorization:

- My child may be photographed for publicity or news purposes.
- My child may be given non-prescribed medication as indicated on the container. This may include sunscreen, children's pain reliever and antibacterial first aid cream. Syrup of ipecac may be administered if deemed necessary by the poison control operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current and a permission slip is required per each medication.

In an emergency, the FHLCS has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian is notified as soon as possible.

Parent/Guardian Signature: _____ Date _____

Continued on back (additional signature and date)..

Has your child previously been in child care? _____ If Yes, type of care and for how long? _____

- Yes, my child(ren) need(s) Before School Care from _____ AM until 8:00AM.
 - Monday •Tuesday •Wednesday •Thursday •Friday

- Yes, my child(ren) need(s) After School Care from 3:00 PM until _____ PM.
 - Monday •Tuesday •Wednesday •Thursday •Friday

Special Transportation Arrangements

CCD requires a written plan of the transportation arrangements between the child care facility and the parent or guardian of the child for extracurricular activities. The following indicated the child care facility's transportation plan:

_____ (child) attends Forest Hills Lutheran Christian School

_____ (child) will arrive/depart unescorted with my permission. If my child is not at the designated pickup site, or does not arrive as planned, please contact _____ parent/guardian, or _____ the child's teacher, in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child.

My child also has permission to (specify, ie: work with teacher after school, attend an extracurricular class, meeting or athletic event.

Parent/Guardian Signature: _____ **Date** _____

Please keep this information current by updating with the school office. Thank You!