ENROLLMENT FORM

GRADE	Al	M 7:00-8:30	
TEACHER		30 - 20	
MAGNET	PI	M 3:00-6:00	
ENROLLMENT DATE	100.0	ITHDRAWAL DATE	
			9
Child's Name:			
(Last) (First)	()	/liddle)	(Alias)
Birth Date: Sex:	30.5		(,as)
Mother's Name:	Father's Name:		
Birth Date:	Birth Date:		-1:00 <u></u>
Driver License#	Driver License#		
Home Address:	Home Address:		
City: State: Zip:	City:	State: Zip:	
Home Phone #			
Employer:	Employer:		
Employment Address:	Employment Addr	ess:	
Employer Phone #:	Employer Phone #	:	
Beeper/Cell Phone #:	Beener/Cell Phone	: : #:	
Father Yes No Step-Father Yes No _ (IF NO, DOCUMENTATION REQUIRED)	_		
Child's Physician Addres	S	Phone#	
Other person(s) to be notified in according		•	
Other person(s) to be notified in case of illness or a			•
Name: Phone #s:			
Address:			
Name: Phone #s.			
Name: Phone #s:			
Address:			
SDECIAL MEDICAL OR OTHER NEEDS THAT WILL HE	I D LIC TO DETTED C	EDVE VOUD	
SPECIAL MEDICAL OR OTHER NEEDS THAT WILL HE CHILDREN:	LF US TO BETTER S	ERVE TOUR	
CINEDICE.			
Other persons permitted to remove the child from	Extended Day Progr	am:	
Name	Name		
Address			
Phone	Phone		0 1 0.00
SULPRESCRICTO VI.			

AUTHORIZATION FOR EMERGENCY CARE

In case of accident or serious illness and the school is unable to reach me, I hereby authorize the school to contact the physician indicated and to follow the instructions. If it is impossible to contact this physician the school may make whatever arrangements necessary to provide care and treatment for my child.

In care of an accident or serious illness where immediate treatment of my child is indicated but where he/she is unable to remain at the school, the school will contact me to arrange transportation for my child. If the school is unable to reach me, I authorize the school to contact one of the persons listed on the Extended Day Enrollment Form and request them to come to the school to transport my child home.

NAME OF CHILD	PARENT/GUARDIAN	DATE
***************************************	*****************************	******
County School Board and the City claims and demands, rights and ca have an account of or in any way a present time and property damage	GENERAL RELEASE OF LIABILITY and forever discharges Community Educa of Jacksonville, their officers, servants, a nuses of action of any kind the undersigner erising from personal injuries known or u e resulting or that results from any occur g (School Name) Extended Day Program.	gents, and employees, from all ed now has and hereafter may inknown to the undersigned at the rrence which may happen to
WITNESS	PARENT	/GUARDIAN
	MEDICATION POLICY	*****
schools. The policy states that befine physician concerning the medicine bottle or box will not suffice. Only	uval County to govern the administration ore medicine can be administered in the emust be on file at the school. Directions a written statement from the physician file at your school. If none is in student to	school, a statement from the staken from the prescription is acceptable. Also, a Medication
	MEDICATION RELEASE FORM	
that such medication will be given copy of the directions is on file in t	ward) ded during school hours; and I will provide only according to directions of a licensed the school office. Further, I agree to waived I relative to the administration of medical	d Medical Doctor or Dentist, and a re any claims or liability that may
PARENT/GUARDIAN	_	