## **After-School Program Child Enrollment Form**

Child Information Full Name
ruii Name
Date of Birth
Gender
Current Grade
Parent/Guardian Information
Full Name
Relationship to Child
Phone Number
Email Address
Email Address
Address
Emarganay Contact
Emergency Contact Full Name
Phone Number
Relationship to Child
Health Information
Medical Conditions/Allergies

Medications	
Additional Information	
Special Needs/Accommodations	
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Persons Authorized for Pickup	
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