

Office use only

Submitted

Date:

Time:



___ JCMS 6th Grade Basketball (3/15-4/30)

___ JCMS 6-8 Girls Volleyball (5/2-6/9)

Please check sport that applies to your child.

Jefferson County School District
After School Program 2020
Enrollment Application

Participant Information

Child's Name: (last, first, MI) _____

Date of Birth: _____

Current School: _____

Child's Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____

Grade in Fall 2020: _____ Teacher Requested: _____

Parent/Guardian Information

Legal Custody of: Both Parents Mother Father Foster Grandparents Other

Parent/Guardian Name(s): _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Secondary Phone Number: _____

Place of Employment: _____

Emergency Contacts

Emergency Contact 1: _____ Phone Number: _____

May pick up from after school program: Yes No

Emergency Contact 2: _____ Phone Number _____

May pick up from after school program: Yes No

The Following people are NOT AUTHORIZED to pick up my child:

Transportation

- I will pick my child up from the after school program.
- My child will walk home alone from the after school program.
- My child may be released to the following persons:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Students will not be released to anyone that is not listed here without a prior phone call or note.

Emergency Medical Information

I give permission for Jefferson County School District 509j, to act on my behalf to take measures he or she deems necessary in the event of sickness or injury. I agree to pay for any medical expenses for my child whose name appears above. Yes No

Any Medical Conditions: _____

Allergies: _____

Permissions

Please indicate below whether you give permission for the following things:

There may be short field trips during the after school program. These may be walking field trips or bus trips.

Yes No

We will be taking photos during the after school program and some of the photos will be used in brochures, posters, special reports and the 509-J School District websites.

Yes No

By signing below, I fully understand that attendance in this program is required in order to hold my child's spot.

Parent Name: _____

Parent Signature: _____ Date: _____

