ST. PHILIP'S
EPISCOPAL SCHOOL

After Care Fees:
$25 Application Fee
$12/day or
$36/week for 3 or more days

2025-2026 After-School Care Program Enrollment Form

Operation Name: St. Philip's Episcopal After-School Care Program
Director Name: Faith Martinez

Child's Full Name: _____

Child's Date of Birth: _____

Child's Home Address: _____

Parent's or Guardian's Names: _____

Mother's Telephone#: _____ Fathers Telephone #: _____

Emergency Contact: **if parents can't be reached:** _____

(Name) (Phone)

I hereby authorize St. Philip's After School Program to allow my child to leave the St. Philip's After School Program **ONLY** with the following persons. Please list names and telephone numbers for each. It is the parent's responsibility to notify staff when someone other than the parents will be picking up. **They will need to show photo I.D.**

Name: _____ #: _____

Name: _____ #: _____

Name: _____ #: _____

(Please use back of page if you need to list more people for pick up)

AUTHORIZATION FOR EMEMGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: _____ Telephone #: _____

Emergency Medical Care Facility: _____ Telephone#: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child. ☐

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List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

_____
_____
_____
_____

IMMUNIZATION RECORD:

Please provide the childcare operation with a copy of your child's **<u>most current immunization record.</u>**

_____ _____

Signature – Parent or Legal Guardian Date