



After Care Fees:

\$25 Application Fee

\$12/day or

\$36/week for 3 or more days

2024-2025 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 EMERGENCY 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. ____



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 **most current immunization record.**

Signature – Parent or Legal Guardian

Date