ASAP ENROLLMENT FORM

Dear Parents/Guardians, please complete this for each child attending Forestville Union School District's before- and after-school program ASAP. (ELOP) 2026-27

Child's Name: _____Grade:_____ Teacher:_____

Parent/Guardian's Name: (1)_____Email:_____

Parent Address:

_____

Home Phone: _____ Cell Phone: _____Work Phone: _____

Parent/Guardian's employer's name and address:

_____

Parent/Guardian's Name: (2)_____ Email:_____

Parent Address:

_____

Home Phone: _____Cell Phone: _____Work Phone: _____

Parent/Guardian's employer's name and address:

_____

Siblings attending Forestville School: Name:_____ Grade:_____

Name: _____ Grade: _____ Name: _____Grade:_____

Who, besides the parent/guardian, is authorized to pick up my child:

Name: _____Relationship: _____Phone: _____

Name: _____Relationship: _____Phone: _____

Name: _____Relationship: _____Phone: _____

Who is <u>NOT</u> <u>AUTHORIZED</u> to pick up my child:

_____

_____

<u>Please complete the back side of this form --</u>

MEDICAL INFORMATION

Physician/Clinic Name: _____Phone: _____

Allergies? List:_____

Medications: List:_____

Limitations, health concerns, or additional information/comments:_____

_____

PARENT PERMISSION

In case of emergency, illness, or accident to the child named above, the school is authorized to proceed as indicated by contacting the following individuals in the order listed:

(name)	(number)	(name)	(number)
(1)_____	_____	(2) _____	_____
(3)_____	_____	(4) _____	_____
(5)_____	_____	(6) _____	_____

Medical treatment: I allow emergency First Aid or emergency medical treatment to be administered, if necessary. In case of an accident or emergency, and I am not available, I authorize a staff member of Forestville Union School to seek medical care with the physician above or the nearest emergency facility for emergency treatment and measures that are deemed necessary for the safety and protection of the child, at my expense. _____(initial)

In the event of a life-threatening allergic reaction, I authorize trained school personnel to give

emergency treatment (adrenaline via EPI-Pen) for my child. _____ (initial)

I permit photographs of my child participating in before- and after-school activities to be used in school publications, such as parent newsletters, for educational purposes.

_____ (initial)

I have received and read my parent handbook and understand that I am responsible for the

information contained. _____ (initial)

Signature: _____ Date:_____