

For Office Use Only:
Application Number: _____ Date Received: _____ Received by: _____

Mountain Home Public School's After School Program Application

Child's Personal Information:

Child's Full Name: _____

DOB: _____ Child's grade: _____ Homeroom Teacher: _____

Father's Name: _____ Phone Number: _____

Mother's Name: _____ Phone Number: _____

Home Address: _____ City/Zip Code: _____

Father's Employer: _____ Phone Number: _____

Are we allowed to call you at work? _____ What time is best to call? _____

Mother's Employer: _____ Phone Number: _____

Are we allowed to call you at work _____ What time is best to call? _____

Siblings Names/Grades/Ages: _____



Attendance:

My child will be attending the Flight Crew Program _____ days a week. Please Circle:

Monday Tuesday Wednesday Thursday Friday

Please list the persons who allowed to pick up your child from the Flight Crew Program:

Printed Name Relationship Contact Number

Printed Name Relationship Contact Number

Printed Name Relationship Contact Number

ONLY the persons listed on this application will be allowed to pick up your child. They must bring a picture identification with them or your child will not be released to them. All parents will be asked for a photo ID to be put on file for security purposes.

Child's Medical Info:

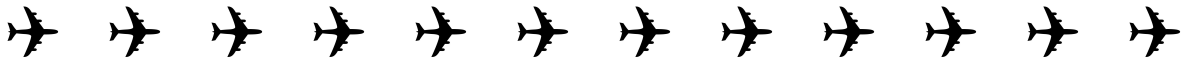
Preferred **emergency** treatment facility/location: _____

Doctor's Name: _____ Phone Number: _____

I, _____ (Circle one - father, mother, guardian, grandparent) of _____ (child's name) do hereby give my consent to the Mountain Home After School Staff to acquire medical aid as may be deemed medically necessary and expedient from a **duly licensed physician** in case of an emergency when the parent/guardian can not be reached. Consent is also given to program staff or EMT to **transport said child for emergency medical treatment**, if the parents cannot be reached.

Printed Name: _____

Signature: _____ Date Signed: _____



Child's Needs:

Are there any physical or emotional problems in which the program staff need to be aware?

Please Explain: (behavior, temper tantrums, frequent illnesses, anxiety, ADHD, Diagnosis of any kind, fighter, biter, hitter, spitter: _____

Special Diets as approved by the child's physician?



Tell us about your child:

