

**JAMES ISLAND PRESBYTERIAN AFTER SCHOOL PROGRAM**  
**ENROLLMENT FORM- 2018-2019**

Child's Name \_\_\_\_\_  
Nickname \_\_\_\_\_ Sex \_\_\_\_\_  
Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_  
Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Father's Daytime Phone # \_\_\_\_\_  
Mother's Daytime Phone # \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Child's Physician & Phone # \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_

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Persons to contact in the event of an emergency (other than parents), order of preference:

Name, Relationship & Phone # \_\_\_\_\_  
Name, Relationship & Phone # \_\_\_\_\_  
Name, Relationship & Phone # \_\_\_\_\_

\*\*\*\*\*  
Name(s) of person(s) authorized to receive child from the program and relationship:

Person & Relationship: \_\_\_\_\_  
Person & Relationship: \_\_\_\_\_  
Person & Relationship: \_\_\_\_\_

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School Child Attends: \_\_\_\_\_  
Grade Level: \_\_\_\_\_

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AFTER SCHOOL PROGRAM SCHEDULE

<u>Day</u>	<u>Arrival Time</u>	<u>Departure Time</u>
Monday	<u>2:30 PM</u>	_____
Tuesday	<u>2:30 PM</u>	_____
Wednesday	<u>2:30 PM</u>	_____
Thursday	<u>2:30 PM</u>	_____
Friday	<u>2:30 PM</u>	_____

Total number of hours of child care per week: \_\_\_\_\_

Sibling's Names and Ages:

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Tension Relievers:

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Does child have any special health problems or allergies?

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Parent's method of discipline:

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Parent's evaluation of child's health:

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Parent's evaluation of child's personality:

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Does child have any special problems or fears?

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Does child have any special likes or dislikes?

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How did you hear about the James Island Presbyterian After School Program?

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OTHER COMMENTS

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**PARENT AGREEMENT**

I hereby give my consent and authorize the James Island Presbyterian After School Program (JIPASP), that as long as my child(ren) under my guardianship is (are) enrolled therein, in the event of an emergency (illness or accident) and we as parents have been unable to be contacted, to take our child(ren) to the hospital or certified medical clinic when deemed necessary by JIPASP staff.

I specifically give permission for any necessary professional medical treatment, including X-rays, the admission of anesthetics, surgical care or hospitalization, with the understanding that continuous efforts will be made to contact us.

I further authorize the staff of the JIPASP to take my child(ren) on supervised and pre-arranged/pre-announced excursions and field trips.

I also give my permission to the JIPASP to use photographs of my child(ren) for publicity purposes without remuneration.

I also release, indemnify and hold you, your agents and employees harmless from any and all claims, damages or other liabilities of injuries to or damage by my child(ren) which are not a result of negligence by the JIPASP, its agents or employees.

Should an attorney or agency be used by the JIPASP for the collection of funds I owe the program for past services, it is understood that I shall be liable for all costs and attorney fees.

Finally, I hereby warrant to the JIPASP that I am entitled to legal custody and possession of my child(ren), and accordingly am authorized to place my child(ren) in your care and custody, and further, am authorized to sign this agreement.

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Date)

**Thank you for choosing the  
James Island Presbyterian  
After School Program!**