

**AFTERCARE
APPLICATION FOR ADMISSION**

Please submit application in black or blue ink.
Fill out application completely.
Incomplete applications will not be accepted.



2331 NE 26th Ave
Pompano Beach, FL 33062
954-941-7501

TODAY'S DATE _____

CHILD'S NAME _____
(first) (last)

SEX ___ NICKNAME _____

ADDRESS _____
(street)

PHONE _____

(city) (state) (zip code)

DATE OF BIRTH _____

NAME

HOME ADDRESS (IF DIFFERENT)

CELL PHONE

MOTHER _____

FATHER _____

GUARDIAN _____

DAD'S EMAIL _____

MOM'S EMAIL _____

IN THE EVENT OF A TRUE EMERGENCY, 911 WILL BE CONTACTED AND EMERGENCY PROCEDURES FOLLOWED

OTHER PERSONS TO BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT and ARE PERMITTED TO REMOVE CHILD:

NAME

ADDRESS

CELL PHONE

ALLERGIES _____ FOOD PROBLEMS _____

ANY PHYSICAL PROBLEMS WE SHOULD BE AWARE OF? _____

MARITAL STATUS OF PARENTS: (circle one) MARRIED DIVORCED SEPARATED WIDOWED

****IF DIVORCED, please describe custody and visitation agreement for the child. If custody is limited, you must provide custody papers.

*IS MOTHER PERMITTED TO REMOVE CHILD? YES NO - - * IS FATHER PERMITTED TO REMOVE CHILD? YES NO

I UNDERSTAND THAT MY FACTS ACCOUNT WILL BE CHARGED FOR MY CHILD USING THE **MONTHLY** AFTERCARE PROGRAM.

PARENT SIGNATURE _____

PARENT NAME(PRINT) _____