



Willamette After School
"Where Children Learn As They Play!"

APPLICATION FORM

Year of Enrollment _____ Today's Date _____

Name of Child _____

Date of Birth _____ Last _____ First _____ Middle _____
Gender _____

Address _____ Zip Code _____

Does your child attend Willamette Primary? _____ Yes _____ No _____ Current Grade _____

Teacher's Name _____

Favorite Snacks _____

Special Interest _____

Physician Name _____ Phone Number _____

Address _____ Fax Number _____

Allergies/Special Diet _____

Chronic Health Condition _____

Special Limitations or Concerns _____

Health Insurance Coverage _____ Policy# _____

Parent/Guardian 1 Name _____ Parent/Guardian 2 Name _____

Relationship to child _____

Address _____

Home Phone () _____ () _____

Work Phone () _____ () _____

Cell Phone () _____ () _____

Email address _____

Name of Workplace _____

Hours of Work _____

Parent/Guardian Signature: _____ Date _____