



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

APPLICATION FORM

Year of Enrollment _____ Today's Date _____

Name of Child _____
First Middle Last

Date of Birth _____ 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# _____

<u>Parent/Guardian 1</u>	<u>Parent/Guardian 2</u>
Name _____	_____

Relationship to child _____	_____
-----------------------------	-------

Address _____	_____
---------------	-------

Home Phone () _____	() _____
----------------------	-----------

Work Phone () _____	() _____
----------------------	-----------

Cell Phone () _____	() _____
----------------------	-----------

Email address _____	_____
---------------------	-------

Name of Workplace _____	_____
-------------------------	-------

Hours of Work _____	_____
---------------------	-------

In an emergency, Willamette After School has my permission to call an ambulance or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by an on-call physician. The parent or guardian of the child is notified as soon as possible.

Parent/Guardian Signature: _____ Date _____