

# 2018-2019 Raider Care Enrollment Form

Homeroom \_\_\_\_\_  
Grade \_\_\_\_\_

Please mark the program you wish your child to attend

\_\_\_\_\_ *Before School-7:30-8:45*

\_\_\_\_\_ *After School 4:00-5:45*

\_\_\_\_\_ *Both Before & After*

*Full Name:* \_\_\_\_\_  
*Legal Last Name* *First* *Middle*

*Birth Date:* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *Male* \_\_\_\_\_ *Female* \_\_\_\_\_

*Resident Address:* \_\_\_\_\_  
*City* *State* *Zip*

## Parents(s)/ Legal Guardian(s) living with student

(1) Parent/Guardian Name \_\_\_\_\_  
*Last* *First* *Middle*

*Relationship to student* \_\_\_\_\_  
*Cell*(\_\_\_\_) \_\_\_\_\_ *Home*(\_\_\_\_) \_\_\_\_\_ *Work*(\_\_\_\_) \_\_\_\_\_

(2) Parent/Guardian Name \_\_\_\_\_  
*Last* *First* *Middle*

*Relationship to student* \_\_\_\_\_  
*Cell*(\_\_\_\_) \_\_\_\_\_ *Home*(\_\_\_\_) \_\_\_\_\_ *Work*(\_\_\_\_) \_\_\_\_\_

Emergency Contacts (Please list in order that they are to be contacted and will also have permission to pick up your child at the end of the session.)

Name and relationship to student	Home	Cell	Work
_____	(____)	(____)	(____)
_____	(____)	(____)	(____)
_____	(____)	(____)	(____)

ALLERGIES: \_\_\_\_\_