

**BLAZER CARE ENROLLMENT FORM 2019-2020 SCHOOL YEAR
(Before/After School Program)**

BEFORE _____ AFTER _____ BOTH _____

Child's Name: _____ Id # _____

Teacher: _____ Grade _____

Birth Date: _____ -- _____ -- _____ Male _____ Female _____

Address: _____

Home Phone () _____

HEALTH ISSUES: _____

MEDICATION GIVEN AT SCHOOL: (PLEASE CIRCLE) YES NO

Parents/Legal Guardians with whom student lives

1. Parent/Guardian Name _____
(Last) (First)

Relationship to student _____

Work Phone () _____ Cell Phone () _____

2. Parent/Guardian Name _____
(Last) (First)

Relationship to student _____

Work Phone () _____ Cell Phone () _____

Emergency Contacts (Please list in order in which these people should be called. These people will also have permission to pick up your child.)

Name and Relationship	Home	Cell	Work
_____/_____	()	()	()
_____/_____	()	()	()
_____/_____	()	()	()