



2011 - 2012 School Year

EAGLE CHILD CARE ENRICHMENT SERVICE  
**APPLICATION**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher

Parent/Guardian

Address

City/State and Zip Code

Home Phone

Cell Phone

Work

(Mother)

(Mother)

Home Phone

Cell Phone

Work

(Father)

(Father)

Place of Employment \_\_\_\_\_ (Mother) Place of Employment \_\_\_\_\_  
(Father)

Emergency Contact Person

#1

Phone

Cell Phone

\_\_\_\_\_ Home  
Work

Phone

Emergency Contact Person

#2

Home Phone

Cell Phone

Work

Phone

Physician

Phone

**II. Program Information**

INDICATE PROGRAM(S) IN WHICH YOUR CHILD(REN) WILL PARTICIPATE

Child Care Assistance Program

Morning Care Program

Evening Care Program

**III. AUTHORIZATIONS**

I HEREBY AUTHORIZE EAGLE CARE TO SEND MY CHILD TO A LICENSED PHYSICIAN IN THE EVENT OF AN EMERGENCY IN WHICH PARENTS, GUARDIANS, OR EMERGENCY CONTACTS ARE UNAVAILABLE.

Child's medical problems (including Allergies)

\_\_\_\_\_

Are there any limitations in regard to physical activities?

\_\_\_\_\_

Signature of Parent/Guardian

Date

I hereby authorize the following persons to pick up my child in the evenings:

Name	Phone (H)	_Cell
Work		

Name	Phone (H)	Cell
Work		

I ALSO UNDERSTAND THAT CHILDREN ARE RESPONSIBLE TO COME DIRECTLY TO EAGLE CARE AT DISMISSAL TIME FOR ROLL CALL BEFORE PERMISSION IS GIVEN FOR OTHER SCHOOL ACTIVITIES. I TAKE FULL RESPONSIBILITY FOR MY CHILD FOLLOWING THIS RULE. **IT IS MY AND MY CHILD'S RESPONSIBILITY TO NOTIFY THE SUPERVISING TEACHER OR PROGRAM DIRECTOR WHEN MY CHILD WILL NOT ATTEND EAGLE CARE.**

Parent/Guardian Signature

Date

**OFFICIAL USE ONLY**

Registration Fee Paid  Yes  No

Receipt No

Date