



## Capital Church School Age Care Program Enrollment Form

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

D.O.B. \_\_\_\_\_ School your child currently attends: \_\_\_\_\_

Program enrolling for: (Circle all that apply) Summer Camp / Before Care / After Care

Will your child be traveling to Before Care by: (Circle One) BUS / CAR After Care by: BUS / CAR

Parent /Guardian Name (Primary contact) \_\_\_\_\_

Parent Occupation/Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

Parent/Guardian Name (Secondary contact) \_\_\_\_\_

Parent Occupation/Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

Please tell us a little bit about your child: nicknames, hobbies, special skills, extra-curricular activities, etc. \_\_\_\_\_  
\_\_\_\_\_

List any allergies your child has: \_\_\_\_\_

How did you hear about our program: \_\_\_\_\_

I have received and read the entire parent handbook: (Circle One) YES / NO

FOR OFFICE USE: Date Enrolled \_\_\_\_\_ Registration pd. \_\_\_\_\_