



# Henderson After School Program Enrollment Form

School Year: \_\_\_\_\_

*(Please complete one form PER CHILD)*

Please email your enrollment form(s) to [fau.hasp@fau.edu](mailto:fau.hasp@fau.edu) or drop off the completed form(s) to the front office. If you are emailing this form, you will need to sign a hard copy in the After School office upon your child's first day in aftercare. Email or contact us at (561) 297-3952 if you have any aftercare questions. We are looking forward to having your child(ren) attend our program!

## SECTION 1: Child & Parent Information

Student Name (Last, First): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Entering Grade Level : \_\_\_\_\_

- Attendance Package:
- \_\_\_\_\_ 5 Days until 6:00 P.M.
  - \_\_\_\_\_ 5 Days until 4:30 P.M.
  - \_\_\_\_\_ 3 Days until 6:00 P.M.
  - \_\_\_\_\_ 3 Days until 4:30 P.M.
  - \_\_\_\_\_ 2 Days until 6:00 P.M.
  - \_\_\_\_\_ 2 Days until 4:30 P.M.

Please check the days your child will attend:                       Monday       Tuesday       Wednesday  
 Thursday       Friday       Half Days

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code : \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

BEST contact number for after school hours: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Person responsible for paying fees: \_\_\_\_\_

## SECTION 2: Authorization of Student Release

In addition to parent(s) / guardian(s) listed above, A.D. Henderson University School officials are authorized to release my child(ren) to the following:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\*Anyone other than parents or guardians MUST show proper identification when picking up your child(ren). Custodial arrangements that prohibit students from being released to any particular party must be on file with the After School office.

- I understand that my child(ren) will NOT be released to anyone not on this list without prior written authorization from myself to A.D. Henderson University School.

## SECTION 3: Health and Emergency Information

Allergies (food, medications, etc.): \_\_\_\_\_

Special health needs/ medications: \_\_\_\_\_

- In case of emergency  I give permission to have my child treated at the Boca Raton Regional Hospital Emergency Room in case of a serious illness or injury. (Every effort will be made to contact the parent immediately.)

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

- I hereby attest that the above information is true and accurate to the best of my knowledge, and that I am the legal guardian of the student listed.

## SECTION 4: Parent Signature

- I acknowledge and agree to all the above stated policies as well as the policies stated in the Henderson After School Program Handbook.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_