

# Unity Christian Reformed Church After School Program

339 North 11<sup>th</sup> Street, Prospect Park, NJ 07508  
973-595-5513

I hereby enroll my child(ren) in the After School Program of Unity Christian Reformed Church.  
I agree to abide by all the procedures, ruled and stipulations on the attached pages.

Mothers Name \_\_\_\_\_

Mothers Address \_\_\_\_\_

Mothers Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

---

Fathers Name \_\_\_\_\_

Fathers Address \_\_\_\_\_

Fathers Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

---

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

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade in Sept. \_\_\_\_\_

Is your child under any medical/physical restrictions: \_\_\_\_\_ Yes \_\_\_\_\_ No

(Circle all that apply)

Asthma

Hearing Loss

Convulsions

Diabetes

Insect Sting Reactions

Food Allergies (Name)

Other: \_\_\_\_\_

Is your child taking any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list

\_\_\_\_\_

\_\_\_\_\_

Is there any medical problems/restrictions/behaviors we should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Is your child allergic to any medications/foods? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

Emergency Phone Numbers

Name of person to be contacted in case of emergency \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone #s \_\_\_\_\_

Emergency Phone Numbers

Name of person to be contacted in case of emergency \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone #s \_\_\_\_\_

In case of medical emergency while at the center, I understand that the center will make an effort to reach a parent(s)/guardian(s) immediately. If it is not possible to contact either of us, or the designated emergency contact(s), I authorize the center to obtain professional medical treatment for my child including transportation to the nearest hospital.

As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs, and may participate in all the activities of the Center programs, except as noted.

Signature \_\_\_\_\_

Date \_\_\_\_\_