

GORMAN CHRISTIAN ACADEMY
2020-2021 After-School Application

ENROLLMENT APPLICATION

| | |
|---|-------------------|
| Student Name _____ (Last) (First) (MI) | Date: _____ |
| Street Address _____ | Birth Date: _____ |
| City, State, Zip _____ | Age: _____ |
| Home Phone: _____ | Grade: _____ |
| Sex (M/F) _____ | |

FAMILY INFORMATION

| | |
|-----------------------|---------------|
| Father's Name: _____ | Home #: _____ |
| Address: _____ | Cell #: _____ |
| Employer: _____ | Work #: _____ |
| Mother's Name: _____ | Home #: _____ |
| Address: _____ | Cell #: _____ |
| Employer: _____ | Work #: _____ |
| *Email Address: _____ | |

| |
|---|
| Please Check the Appropriate Response: |
| _____ My child will be in before/after school care on a regular full time basis. (\$45.00 per week) |
| _____ My child will be in before/after school care occasionally. (\$9.00 per day) |

Student Name: _____

The following persons have permission to pick up your child from Gorman Christian Academy.

| Name | Relation | Home # | Work # |
|------|----------|--------|--------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

EMERGENCY MEDICAL INFORMATION

If parents cannot be reached the following persons should be contacted in case of an emergency:

| Name | Relation | Home # | Work # |
|------|----------|--------|--------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

Please list any allergies your child may have or any other information you feel the after school care providers should know?

Is student currently taking any medication? _____

Doctor's Office: _____

Phone #: _____

Dentist Office: _____

Phone #: _____

Insurance Carrier: _____

Policy #: _____