

**After School Program
Student Application**

Name _____

Address _____

Phone _____ Birthdate _____ Grade _____

Parents Name _____

Parents Place of Employment _____

Mothers' Work # _____ Fathers' Work # _____

Emergency Contacts

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

Answer completely. List any physical limitations or precautions
(food/insect/environment allergies, frequent exhaustion, recent surgeries/accidents,
etc.) _____

Please check any of the following conditions your child has presently or has had a
history of: ___Diabetes ___Heart Problems ___Epilepsy/seizures
___ ADD/ADA ___ other

Describe _____

List any medications your child is presently taking _____

Are immunizations Current Y/N Family Physician _____

***Please list on the back anyone who is authorized to pick up your child and
a telephone number where they may be reached.***

I understand that my child is to be picked up by 5:30 P.M. and that fees are due by
Friday each week. The cost is \$25 per week or \$7 per day. There is a \$35 week
max for siblings. There will be no after school care if school is released early.

Signature _____ Date _____

**Carroll County Parks & Recreation Department
440 Main St. Carrollton, Ky. 41008**

I give permission for my child _____ to be transported from Headstart/Cartmell Elementary in the afternoon to the After School Program at Kathryn Winn by bus. I know Carroll County Parks & Recreation is not liable for my child till he/she reaches the Cafeteria of Kathryn Winn. I have been informed to pick my child up at Kathryn Winn School by 5:30 p.m.

Signed _____

Any Comments _____
