

 **PSTART at the ARK**  
**AFTER SCHOOL PROGRAM**  
**APPLICATION**

Name of Child: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_ Age of Child \_\_\_\_\_ Birthday (Month/Day/Year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**INFORMATION ABOUT THE FAMILY:**

Father's Name \_\_\_\_\_ Where Employed \_\_\_\_\_

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Where Employed \_\_\_\_\_

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Where Employed \_\_\_\_\_

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

If you cannot come for your child, please give at least three names and phone numbers of persons to whom the child can be released:

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please give any additional information about the release of your child:

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### INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies? (Be Specific) \_\_\_\_\_

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Explain any medications or treatment required while in care. You must provide medication in the original container with complete instructions from the physician. There also must be signed medical documentation on file.

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### EMERGENCY CARE INFORMATION

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_

Name of child's dentist \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Name of child's doctor \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Hospital Preference \_\_\_\_\_

If neither parent/guardian can be contacted in the event of an emergency, call:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

This Upstart at the Ark After-School Program **has my permission** to authorize the physician of choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I have received the Upstart at the Ark, After-School Rules Packet. I have discussed the program rules with my child. I understand it is a privilege for my child to attend this after-school program. My child has permission to play outside of any fenced playground area on the program's property as long as he/she is supervised by a group leader. If I have any questions, I will first contact the after-school program coordinator.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed Approval of Program Coordinator \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_