



COUGAR CARE AFTER-SCHOOL ENROLLMENT APPLICATION

Child's Name: _____

Age: _____

Grade: _____

Child's Name: _____

Age: _____

Grade: _____

Mother's Name: _____ Day Telephone Number: _____

Father's Name: _____ Day Telephone Number: _____

Neighbor/ Friend's Name: _____ Telephone Number: _____

Physician of child: _____ Telephone Number: _____

STUDENT RELEASE—Students will be released only to those people listed on this form unless the parent makes other arrangements.

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any medical concerns and/or food allergies – use other side if necessary.

Parent(s) Signature _____ Date _____

A \$25.00 PER STUDENT REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION