

BEFORE / AFTER SCHOOL ENROLLMENT FORM

NAME _____ **NICKNAME** _____

BIRTHDATE _____ **AGE** _____

ADDRESS _____ **PHONE** _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

MOM'S PLACE OF WORK _____ **PHONE** _____

DAD'S PLACE OF WORK _____ **PHONE** _____

EMERGENCY (IF PARENT CANNOT BE REACHED) PHONE _____

EMERGENCY PERSON (NAME/RELATION) PHONE _____

PERSONS (OTHER THAN PARENT) AUTHORIZED TO PICK UP CHILD _____

DOCTOR'S NAME _____ **PHONE** _____

DENTIST'S NAME _____ **PHONE** _____

ALLERGIES _____

HEALTH PROBLEMS _____

OTHER IMPORTANT INFORMATION _____

ALL ABOVE INFORMATION IS FACTUAL AND TRUE, AND I THE UNDERSIGNED

AM _____ **LEGAL GUARDIAN /PARENT**
CHILD'S NAME

GUARDIANS OR PARENT'S SIGNATURE _____

DATE _____

MEDICAL INFORMATION

Child's Name: _____ **Sex:** _____ **Age:** _____

Address: _____

Parent/Guardian's Name: _____

Home Phone: _____ **Work Phone:** _____

In case of emergency notify: 1. _____ **Phone:** _____

2. _____ **Phone:** _____

Physical disabilities or medical problems _____

Allergies to foods or medical problems _____

Medication taken regularly _____

When was the last Tetanus shot given _____

Health Insurance Company Name _____

Health Insurance ID Number _____

Policy Holder's Name _____ **Relationship** _____

Verification of Policy Number _____

In case of a medical emergency, I hereby give permission to the physician selected by an administrator or agent of Orangeburg Christian Academy, Inc. to secure proper treatment for and if necessary hospitalized and other injections or anesthesia or surgery for the student listed above as deemed necessary. I realize this would only be in an emergency situation where time was crucial or I could not be reached.

Parent/Guardian's Signature

Date