



School Year \_\_\_\_\_

**EAGLE CHILD CARE ENRICHMENT SERVICE  
APPLICATION**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
City/State and Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_  
(Mother) (Mother)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_  
(Father) (Father)

Place of Employment \_\_\_\_\_ (Mother) Place of Employment \_\_\_\_\_ (Father)

Emergency Contact Person #1 \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Person #2 \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

**II. Program Information**

INDICATE PROGRAM(S) IN WHICH YOUR CHILD(REN) WILL PARTICIPATE

Morning Care Program

Evening Care Program

**III. AUTHORIZATIONS**

I HEREBY AUTHORIZE EAGLE CARE TO SEND MY CHILD TO A LICENSED PHYSICIAN IN THE EVENT OF AN EMERGENCY IN WHICH PARENTS, GUARDIANS, OR EMERGENCY CONTACTS ARE UNAVAILABLE.

Child's medical problems (including Allergies) \_\_\_\_\_

Are there any limitations in regard to physical activities? \_\_\_\_\_

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

I hereby authorize the following persons to pick up my child in the evenings:

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

I ALSO UNDERSTAND THAT CHILDREN ARE RESPONSIBLE TO COME DIRECTLY TO EAGLE CARE AT DISMISSAL TIME FOR ROLL CALL BEFORE PERMISSION IS GIVEN FOR OTHER SCHOOL ACTIVITIES. I TAKE FULL RESPONSIBILITY FOR MY CHILD FOLLOWING THIS RULE. **IT IS MY AND MY CHILD'S RESPONSIBILITY TO NOTIFY THE SUPERVISING TEACHER OR PROGRAM DIRECTOR WHEN MY CHILD WILL NOT ATTEND EAGLE CARE.**

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

**OFFICIAL USE ONLY**

Registration Fee Paid \_\_\_\_Yes \_\_\_\_No Receipt No \_\_\_\_\_ Date \_\_\_\_\_