



**WELLFLEET ELEMENTARY SCHOOL  
AFTER SCHOOL CHILD CARE (ASCC)  
CHILD ENROLLMENT FORM 2019 - 2020**

**CHILD INFORMATION**

Child's Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Date of Registration: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Please circle the day/s that your child will be attending ASCC. Please include the pick-up time below each day circled.

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
____:____	____:____	____:____	____:____	____:____

***Enrollment priority will be given to working parents who require after school child care. We require accurate information on business names and hours. If self-employed, you must write down the name of the business. Contact may be made to verify employment as represented below.***

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Days & Hours at Work: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Days & Hours at Work: \_\_\_\_\_

**IMPORTANT: PLEASE FILL OUT BOTH SIDES OF THIS FORM & RETURN TO THE WES MAIN OFFICE.**

**EMERGENCY CONTACT/Adult Authorized to Pick-Up Enrolled Child**

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Chronic Health Conditions: No \_\_\_\_\_ Yes \_\_\_\_\_

***If yes to chronic health conditions, a copy of the Individual Health Plan from your child's physician or the Wellfleet Elementary Schools' Health Office MUST be attached.***

Special limitations or concerns: \_\_\_\_\_

Copies of any custody agreements, court orders, restraining orders pertaining to your child?

No \_\_\_\_\_ Yes \_\_\_\_\_ (***Please attach***)

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

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