



Chinook Winds Adventist Academy

BEFORE AND AFTER SCHOOL PROGRAM ENROLLMENT FORM

Please fill a form per child.

SCHOOL YEAR: _____

Before School Care Hours Required: _____

After School Care Hours Required: _____

CHILD'S LEGAL NAME: _____

GENDER: _____

CHILD'S HOME ADDRESS _____

BIRTHDATE: _____

GRADE: _____

MOTHER'S NAME: _____

CELL/WK#: _____

FATHER'S NAME: _____

CELL/WK#: _____

HOME ADDRESS: _____

EMERGENCY CONTACT NAME, PHONE NUMBER AND ADDRESS:

1. _____

2. _____

MEDICAL INFORMATION

FAMILY DOCTOR NAME: _____

PHONE #: _____

CHILD'S AHC # : _____

Does the student have any serious medical concerns (eg: Serious Allergies, Heart Condition, etc) or require regular medication?

- NO
- YES (if yes, please fill out the Severe Allergy/Health Concern Alert Form from the office)

Please state any other medical condition such as minor allergies/asthma that we should be aware of _____

Does the child have updated immunization? _____

Parent/Guardian Signature: _____

Date: _____