

KEN-ROCK YOUTH SERVICES

Please Check the Program Enrolling

_____ **Excelsior Student Learning Center (school year) for Pre-K-6th Grade**

_____ **Excelsior Summer Program for children 5-12 years of age**

CHILDS FULL NAME _____ **GENDER** _____ **DOB.** _____

ADDRESS _____ **ZIP** _____ **PHONE** _____

SCHOOL _____ **GRADE** _____ **TEACHER** _____

PARENT INFORMATION

MOTHERS NAME _____ **PHONE/CELL** _____

ADDRESS _____ **AUTHORIZED TO PICK UP?** _____

EMPLOYER NAME _____ **WORK** _____

FATHERS NAME _____ **PHONE/CELL** _____

ADDRESS _____ **AUTHORIZED TO PICK UP?** _____

EMPLOYER NAME _____ **WORK** _____

EMERGENCY CONTACTS/ PICK UP LIST

NAME _____ **PHONE/CELL** _____

NAME _____ **PHONE/CELL** _____

NAME _____ **PHONE/CELL** _____

NAME _____ **PHONE/CELL** _____

ANYONE NOT ALLOWED TO PICK UP CHILD? _____

MEDICAL INFORMATION

DOES YOUR CHILD TAKE ANY MEDICATION DURING PROGRAM TIME? _____

MEDICAL CONDITION? _____ **NAME OF MEDICATION** _____

DOSAGE _____ **LIST ALL ALLERGIES/FOOD ALLERGIES OR SPECIAL**

ATTENTION YOUR CHILD MAY REQUIRE: _____

DOES YOUR CHILD REQUIRE BEFORE SCHOOL CARE? YES ___ NO ___

IF YES, THE BUILDING OPENS AT 6AM AND THERE IS AN ADDITIONAL \$30 A WEEK FEE PER CHILD.