

Trillium Charter School Aftercare Program Enrollment Card

Child(ren) Information:

Child's name	Age	Grade	Advisor	Allergies/Medical Condition

Parent/Guardian Information: Circle the phone number below that you will generally be at during Aftercare hours (3-6 p.m.)

1. Name _____ Relationship to child _____
 Days/Weeks with Child (if shared custody) _____
 Work Phone _____ Cell Phone _____ Home Phone _____
 Email _____
 Street Address _____ Zip Code _____

2. Name _____ Relationship to child _____
 Days/Weeks with Child (if shared custody) _____
 Work Phone _____ Cell Phone _____ Home Phone _____
 Email _____
 Street Address _____ Zip Code _____

Emergency Contacts and Pick Up Authorization. Please List at LEAST 2 Emergency Contacts.

Name	Work or Home phone	Cell Phone	Permission to pick up	Relationship to Child
			Yes No	
			Yes No	

Medical Emergency Information

Doctor Name/Number	Preferred Hospital	Insurance	Policy Number

Parent Signature _____ **Print Name** _____ **Date** _____