

Greenwood United Methodist Church
After School Program
Enrollment Application



Please return your completed application, along with a \$50 registration fee, by August 30 to

Greenwood United Methodist Church
10040 Greenwood Road
Glen Allen, VA 23060

Child's Full Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (H) _____ (C) _____

Father's Name: _____ Phone: _____

Employer: _____ Phone: _____

Occupation: _____

Mother's Name: _____ Phone: _____

Employer: _____ Phone: _____

Occupation: _____

Email Address: _____

Name & Ages of Siblings: _____ Age: _____

_____ Age: _____

_____ Age: _____

Church Affiliation: _____

Previous Afterschool Attendance: _____

How did you hear about our school? _____

HEALTH & EMERGENCY INFORMATION RECORD

Child's Name: _____ SSN: _____

Date of Birth _____ Home Phone _____

Mother's Name: _____

Father's Name: _____

Does your child have any long-term medical conditions that will affect his/her daily routine?

Does your child have: Frequent colds? _____ Ear aches? _____ Stomach aches? _____

Asthma? _____ Hives? _____ Allergic to bee stings? _____ Other _____

Does your child have any food allergies? _____

Other allergies? _____

What symptoms appear related to this allergy? _____

Persons to contact if parents are unavailable:

Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

Child's Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

Date of last Tetanus booster: _____

Insurance Company: _____

Policy #: _____

In the event that I cannot be reached, I hereby give my permission for my child to receive any necessary emergency medical care or treatment. I understand that every effort will be made to contact me or my spouse before such action is taken. I will be responsible for the payment of such care or treatment.