


**TAS TREASURES AFTER SCHOOL & VACATION PROGRAMS**  
**ENROLLMENT FORM**

**Child's Name:** \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Current School: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
 PLEASE SUPPLY A RECENT PHOTO OF YOUR CHILD. Identifying Marks: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. Parent/Guardian Initials: \_\_\_\_\_

**Emergency Contacts (other than parents/guardians):**  
**Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Permission to Pick Up? Y or N  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
**Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Permission to Pick Up? Y or N  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
**Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Permission to Pick Up? Y or N  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

The following people may never pick up my child\*: \_\_\_\_\_

\*Please note that biological parents are automatically authorized to pick up your child unless TAS is given a copy of a current court ordered custody agreement.

**Medical Information**  
 Insurance Company Name: \_\_\_\_\_  
 Subscriber's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child. I hereby give Little Treasures Schoolhouse, Inc. permission to administer basic First Aid and/or CPR to my child. Parent/Guardian Initials: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies	Medications

**All medication MUST be accompanied with written parental AND doctor permissions (or prescription) AT LEAST one week prior to first day. Medication forms may be downloaded at [www.LittleTreasuresSchool.com](http://www.LittleTreasuresSchool.com).**

<p>I give LTS/TAS permission to take photos of my child. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>I give LTS/TAS permission to post photographs of my child (without my child's name) on the LTS website and/or private Facebook page. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>I give permission for my child to go on walking field trips. These walking field trips may be either on or off of LTS/TAS property. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>I give permission for my child to reapply sunscreen, as needed. I understand that I must provide sunscreen to TAS, clearly labeled with my child's name. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

<b>Transportation Plan &amp; Authorization</b>	<b>Monday</b>	<b>Tuesday</b>
<p>Please list the time of drop off &amp; pick up each day in the space provided. We must have contact information for each person/company who is transporting your child. Please call LTS if your child will be late or absent. We will have to contact you if you do not notify us. Please let all authorized individuals know we will require identification at pick up if we have not previously met them.</p>	<p>My child will arrive at LTS/TAS at: _____ am/pm Parent Drop Off _____ am/pm Other Caregiver: (Caregiver's Info: _____) _____ am/pm Public/Private Van: (Van Info: _____) _____ am/pm Supervised Walk _____ am/pm Unsupervised Walk _____ Other: Specify: _____</p>	<p>My child will arrive at LTS/TAS at: _____ am/pm Parent Drop Off _____ am/pm Other Caregiver: (Caregiver's Info: _____) _____ am/pm Public/Private Van: (Van Info: _____) _____ am/pm Supervised Walk _____ am/pm Unsupervised Walk _____ Other: Specify: _____</p>
<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<p>My child will arrive at LTS/TAS at: _____ am/pm Parent Drop Off _____ am/pm Other Caregiver: (Caregiver's Info: _____) _____ am/pm Public/Private Van: (Van Info: _____) _____ am/pm Supervised Walk _____ am/pm Unsupervised Walk _____ Other: Specify: _____</p>	<p>My child will arrive at LTS/TAS at: _____ am/pm Parent Drop Off _____ am/pm Other Caregiver: (Caregiver's Info: _____) _____ am/pm Public/Private Van: (Van Info: _____) _____ am/pm Supervised Walk _____ am/pm Unsupervised Walk _____ Other: Specify: _____</p>	<p>My child will arrive at LTS/TAS at: _____ am/pm Parent Drop Off _____ am/pm Other Caregiver: (Caregiver's Info: _____) _____ am/pm Public/Private Van: (Van Info: _____) _____ am/pm Supervised Walk _____ am/pm Unsupervised Walk _____ Other: Specify: _____</p>

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

updated 12-23-15