

Child Enrollment Form for Distance Learning Program 2020

Please submit this application along with your child's academic schedule and log-in credentials for their virtual curriculum to Youth Program Director, Lyndsey Kirk at kirk@shawjcc.org.

Please check here if your child has a valid IEP or 504 Plan.

Child's Name _____ Date of Birth _____ First Day of School _____

Home Address _____ City/State/ZIP _____

Home Phone Number _____

Parent/Guardian Name _____ Relationship to Child _____

Home Address _____ City/State/ZIP _____

Home Phone Number _____ Cell _____

Parent's Work Phone Number _____ Parent's Work Name _____

Parent's Work Address _____ City/State/ZIP _____

Please indicate if this name should be released if a parent/guardian, of a child attending the program, requests contact information for other parents/guardians. YES NO

- If you answered yes, please indicate which number(s) above to include on the list (Work, Home, Cell and/or Email) _____

Name of Child's Physician and/or Clinic/Hospital _____

Street Address _____ City/State/ZIP _____

Phone Number _____

Emergency Contacts: Parents **cannot be listed** as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness **if you cannot be reached**. Any person listed should be able to assist in contacting you. At least one person must be within one hour of the program, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be least 18 years of age.

Name _____ City _____ State _____

Phone Number _____ Relationship to Child _____

Other number(s) where emergency contact can be reached (if applicable) _____

Name _____ City _____ State _____

Phone Number _____ Relationship to Child _____

Other number(s) where emergency contact can be reached (if applicable) _____

If Other, please specify:

- How did you hear about us?