



Cost:
\$90/month
per student

AfterCare 2022-2023 Annual Membership Application

Student Information:

First Name: _____ Middle: _____ Last: _____

Gender: Female _____ Male _____

Birthdate: ____/____/____ Age: _____

Address: _____

Home Phone: _____

Member Cell: _____

Parent/Guardian Information:

Mother/Stepmother/Guardian (Circle One)

Father/Stepfather/Guardian (Circle One)

Name _____

Name _____

Home Phone _____

Home Phone _____

Place of Work _____

Place of Work _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Emergency Contacts (have permission to pick up your child on your behalf):

Name _____ Cell _____ Relationship to Child _____

Name _____ Cell _____ Relationship to Child _____



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Health Information

Does your child have any of the following:

_____ Asthma

_____ Seizures

_____ Diabetes

_____ Any chronic conditions? If so please specify _____

Medications: _____

Insurance Information:

Physician name _____ Telephone number _____

Insurance name _____ Group Number _____

Insurance ID Number _____

Allergies:

Does your child have any food allergies or intolerances? _____

If so, please list: _____

Activity Restrictions:

Does your child have any activity restrictions? _____

Any past injuries/illnesses that impact activity? _____



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Are there any special considerations the Metro AfterCare staff should know?

Parent Authorization:

Please know that in the event of an emergency, the Metro AfterCare staff will make every effort to contact the parents and emergency contacts listed. In the event none of those listed can be contacted, I give permission for Metro AfterCare to secure medical treatment on my behalf. I understand that I am responsible for payment of any medical bills created by injury to the member during AfterCare participation. I understand that Metro Aftercare does not provide accident insurance for members and participants and does not accept financial responsibility for expenses related to accidents and injuries sustained by members.

Parent/Guardian Signature

Date

To be filled out by the Parent:

1. I approve my son/daughter's membership in Metro AfterCare. **Initials**_____
2. I understand that there is a monthly program fee for participation in the program. I agree to pay for my child's participation. **Initials**_____
3. I understand that failure to pay the monthly program fee will result in my child's dismissal from Metro's AfterCare program. **Initials**_____
4. I grant consent to Metro AfterCare for my child to be photographed; photos may be used on Metro's website. **Initials**_____
5. I give permission for my child to participate in surveys related to Metro's AfterCare in order to collect data to better meet the needs of the students. **Initials**_____
6. Cell phones and other electronic devices should be turned off, put away and secured during Metro AfterCare. Neither the AfterCare program nor Metro Schools will be responsible for lost or stolen items. **Initials**_____