KAS Admission Information

Child Name:	
Parent's/Guardian's Names:	
Places of Employment:	
Mother's Telephone Numbers:	Father's Telephone Numbers:
Home:	Home:
Work:	Work:
Cell:	Cell:
Emergency Contact Information:	
Name:	Relationship:
Telephone Number:	
Emergency Medical Information:	
Name of Physician:	Phone Number:
Emergency Medical Care Facility:	
List any special problems that your child may have, such as allergies, an existing illness,	
any medication prescribed for long-term use, and any other information which	
Caregiver's should be aware of:	
In the section below, please list any person that you will allow to pick up your child from	
Kool-After Skool. Your child will ONLY be allowed to leave with persons from this list.	
Name of Campus: Hours of Care:	
Date of Admission:// Date of Withdrawal:/_/	
Signature – Parent or Legal Guar	rdian Date