BLACK BELT KARATE CENTER
AFTERSCHOOL PROGRAM

Child Care Application For Enrollment

STUDENT INFORMATION

Full Name:_____
LAST **FIRST** **MIDDLE** **NICKNAME**

School:_____**Grade:**_____**Age:**_____**Date of Birth:**_____**Sex:**_____

Childs Address:_____**ZipCode**_____

Custody: YES NO **Drivers License#**_____

Parent/Guardian Name:_____**ZipCode**_____

Address:_____

Employer:_____**WkPhn#**_____

HmPhn#_____**Cell#**_____

Email:

Custody: YES NO **Drivers License#**_____

Parent/Guardian Name:_____**ZipCode**_____

Address:_____**ZipCode**_____

Employer:_____**WkPhn#**_____

HmPhn#_____**Cell#**_____

Email:

Medical Information: I hereby grand permission for the staff of Black Belt Center to contact the following medical personnel to obtain emergency medical care if warranted**.**

Doctor:_____**Phn#**_____

Doctor:_____**Phn#**_____

Dentist:_____**Phn#**_____

Hospital Preference:_____

Please list allergies, special medical or dietary needs, or other areas of concern:_____

_____

Contacts: Child will be released only to the custodial parent or legal guardian & the persons listed below. The following people will also be contacted & are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the parent or legal guardian cannot be reached.

Name_____**Phn#**_____

Name_____**Phn#**_____

Name_____**Phn#**_____