

AFTER CARE  
Application for Enrollment

First Federated Church  
3601 N. Sheridan Road  
Peoria, Illinois 61604  
Phone: 309-685-5258

DATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
Street

City State Zip Code

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

PARENTS' CHURCH MEMBERSHIP \_\_\_\_\_

Names and ages of other children in your family \_\_\_\_\_

Does your child have any physical or emotional handicap? \_\_\_\_\_

Is your child potty-trained? \_\_\_\_\_

Please give the name, address and phone of your child's doctor \_\_\_\_\_

Does your child have an allergy? \_\_\_\_\_ Please specify \_\_\_\_\_

Phone number where you can be reached during After Care Hours (11:30 to 2:30 p.m.) \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Another phone number and name of contact in case of emergency \_\_\_\_\_

In signing this application, do you authorize the teacher in charge to take your child to another medical doctor in case of emergency in which both parents and your child's doctor are not available? \_\_\_\_\_

Hospital preference \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday