



**BRAVES' CLUB ENROLLMENT APPLICATION
LA CONNER AFTER SCHOOL PROGRAM**

Date _____ Membership # _____

Student First Name _____ Last Name _____

Gender ____ M ____ F Date of Birth ____/____/____ Teacher _____ Grade ____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone _____

Required Primary Contact Information

Primary Contact _____ Home Phone () _____

Email _____ Address ____ Same as Above

Address _____

City _____ State ____ Zip _____ Cell Phone () _____

Relationship to Member _____ Employer _____

Employer Phone # () _____ Title _____

Secondary Contact _____ Home Phone () _____

Email _____ Address _____ Same as Above

Other Address _____

City _____ State ____ Zip _____ Cell Phone # () _____

Relationship to Member _____ Employer _____

Employer Phone # () _____ Title _____

Medical Information (required)

Primary Care Physician _____ Phone () _____

Insurance Carrier _____

Policy # _____ Group # _____

Special Needs _____ Health Issues _____ Allergies _____ Epi Pen _____ Inhaler _____

Please Specify: _____

Information gathered for grant purposes only:

Ethnicity

Hispanic

Non-Hispanic Latino

Unknown

Race (please check all that apply)

White

Native Hawaiian

Pacific Islander

African American

Native American

Asian

Other

Free Reduced Lunch For Scholarship Request - Pending approval from the Director

I agree to abide by the terms and conditions of the La Conner School District Handbook governing the enrollment of the child listed on this form. I agree to pay the monthly fee by the 15th of each month. Non-compliance or reoccurring late payments could result in suspension or termination of the account. I certify that my child is covered by the medical insurance listed on this application. I understand I am solely responsible to provide medical coverage. I understand I am solely responsible for any consequences of failure to provide adequate coverage. I understand it is my responsibility to inform the La Conner After School Program of any changes to said coverage. I understand there is risk involved in participation in children's games, fitness, and general activities. I give permission for my child to participate in program activities and agree that the La Conner School District, La Conner After School Program, La Conner School District employees, volunteers, La Conner Board of Directors, affiliated agencies, will not be liable for any claims, demands, injuries, damages, action, whosoever for any injury caused to me or my child as a result in participation in the La Conner After School Program activities. I hereby authorize the staff of the La Conner After School Program, my physician, dentist, emergency personnel, and those named on the enrollment form, to give all necessary medical treatment to my child including emergency surgery. All expenses will be solely my financial responsibility and discharge any claims against the La Conner School District, La Conner After School Program, the La Conner School Board, and affiliates. I also give my permission for the La Conner After School Program to use photographs or other types of media of my child for promotional purposes and waive any claims I have against the La Conner After School Program for all thereof. I certify that I am legally capable of executing this agreement and have so on my own free will on the date indicated below, on behalf of my spouse and our child whom this enrollment form was prepared for. I also acknowledge all information on this form to be current and will provide updated information should there be any changes including, but not limited to change of address, phone number, school, parent employment, or medical dental coverage. The La Conner After School Program is not responsible for lost, stolen, or misplaced possessions belonging to the student listed on this form.

Signature of Parent or Guardian _____ Date _____

Staff Only

_____ (Legible Initial) Form Complete

_____ (Legible Initial) Registration/Tuition Collected Cash _____ Check # _____ Total: _____

Receipt # _____ Date: _____

_____ Entered into Computer date ____/____/____ By: (Legible Initial) _____

_____ Free _____ Reduced Lunch Verified by: _____ Date: _____



Additional Designated Transportation Adult (Phone Numbers are *Required*)

Student Name: _____ **Date:** _____

Adult Name: _____ Home Phone () _____

Email _____

Address _____

City _____ State ____ Zip _____ Cell Phone # () _____

Relationship to Member _____ Employer _____

Employer Phone # () _____

Pick up ____ Emergency Contact____

Student Name: _____ **Date:** _____

Adult Name: _____ Home Phone () _____

Email _____

Address _____

City _____ State ____ Zip _____ Cell Phone # () _____

Relationship to Member _____ Employer _____

Employer Phone # () _____

Pick up ____ Emergency Contact____

Parent/Guardian Signature _____