## Long Middle Community Education Full Service School (CEFSS) After School Program Form (No transportation)

Student Name:	Grade:	Age	e: Date of birth:
Address:	Home phone:		Cell phone:
Email Address:		Gender:	Ethnicity:
Parent/Guardian Name:		Email Add	ress:
Home phone:	Cell phone:		Work phone:
In case of an emergency, contact:			
Name:			<u>/</u> Phone:
Name:		ip:	<u>/</u> Phone:
My child is in good health,	able to participate in all a	ctivities and has	no special or medical needs.
My child is able to particip	ate in all activities but has	special health o	r medical needs as listed below:
Health conditions, including allerg	es, activities to be restrict	ed, current med	ications, etc
Authorization to secure proper me	dical treatment		
medical care of my child with the $\ensuremath{\mbox{\sc i}}$	physician or hospital of my sy, I authorize Long Middle	choice. In the e	my child and I will make arrangements for event that I can not be reached to authorize ontact the physician or clinic listed below to or surgery for this child.
Signature of Parent or Legal Guard	dian:		
Physician's name/Clinic:			/Phone #:
Health Insurance Carrier:		/Policy #:	
Hospital:			/Phone #:
· ·	SS Afterschool Program (i		re. I give permission for my child to os and transportation) and verify all
Signature of Parent or Legal Guard	ian:		
Mv child will walk home	l will pick ur	o my child <b>No</b> t	transportation is available at this time.