

**Application for Stix ECC
Before and After Bear Care
2019-2020 School Year
(PLEASE PRINT CLEARLY)**

For Office Use Only

Date Received:

\$25 Application Fee Paid by

Cash ____ Check # _____

Child's Name _____ Birthdate: _____

Age: ____ Grade Level (2018-2019): ____ Teacher's Name: _____

Siblings enrolled in Bear Care _____

Please circle which service(s) you will need: BEFORE Care AFTER Care

Parent/Guardian's Name

Phone Number

1. _____

2. _____

Emergency Contact Numbers (other than above, these are also authorized pick-ups)

Name

Relationship to Child

Phone Number

1. _____

2. _____

3. _____

4. _____

5. _____

Allergies or other Health/Learning Issues: _____

Doctor's Name and Phone #: _____

Hospital Preference: _____

Medical Release: I give permission for my child _____ to
be treated by medical personnel.

Signature

Printed Name

Date