

**Elizabethtown Independent Schools**  
**Panther Friday After-school Care**  
**2021-2022 Enrollment Application**

Grades K-6

If you would be interested in services, please fill out the following information and turn it in to your school's office. **You will be contacted. Completion of this form does not guarantee placement for services.**

**Student's Name:** \_\_\_\_\_  
*Last First Middle*

*Please check ✓:*

**Gender**

\_\_\_\_ Male  
\_\_\_\_ Female

**Ethnic Origin**

\_\_\_\_ Caucasian  
\_\_\_\_ African American  
\_\_\_\_ Asian or Pacific Islander

\_\_\_\_ Hispanic  
\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_ Other

**Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
*Month / Day / Year*

**Home address:** \_\_\_\_\_  
*(street) (city) (state) (zip)*

**Child's Grade: (1-5)** \_\_\_\_\_ **School:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_

**Parent/Guardian Full Name:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**In case of emergency, contact** \_\_\_\_\_ **at (phone)** \_\_\_\_\_

**My child is allowed to be picked up by:**

\_\_\_\_\_  
**(Name) (Relationship) (Telephone)**

\_\_\_\_\_  
**(Name) (Relationship) (Telephone)**

\_\_\_\_\_  
**(Name) (Relationship) (Telephone)**

**My student has the following problems: (i.e. allergies, disorders, injuries, etc....)**

**I give permission to the Panther Friday Afterschool Care staff to secure Emergency Medical Treatment for my student, if necessary. \_\_\_\_\_ YES \_\_\_\_\_ NO**

**TRANSPORTATION INFORMATION – Please check ✓ below:**

\_\_\_\_ I will normally pick my child up from the center at 3:00pm each Friday according to the district calendar.

\_\_\_\_ My child will normally ride the bus to (address) \_\_\_\_\_

***Any change from normal transportation arrangements requires a dated and signed note from parent/guardian.***

*(Required)* \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent or Guardian Signature