

**THE SISTER POWER ORGANIZATION  
RESOURCE CENTER**

**After School Child Enrollment Form – PLEASE FILL IN ALL SLOTS!!!!**

**You must include photo, child medical record, recent report card, and test scores**

**Today's Date** \_\_\_\_\_ **School Year:** \_\_\_\_\_ (write the year)

**Circle One** - New Student:    or    Renewing Student    Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Child's Name:**  
\_\_\_\_\_ First \_\_\_\_\_ Last

**School:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Home Address:**  
\_\_\_\_\_

**Apartment #:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_

**Work Phone (Ext.):** \_\_\_\_\_

**Mobile Phone Number:** \_\_\_\_\_

**Child's Racial/Ethnic Group:**    African Am.    Asian Am./Pacific Islander  
Hispanic/Latino Am.    Native Am.    Caucasian    Other (circle one)

**Child Date of Birth:** \_\_\_\_\_ **Siblings (check one):**    Male    Female

**1. Emergency Contact:**  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**2. Emergency Contact:**  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**List 2 people who are authorized to pick up your child and the relationship to child**

Name \_\_\_\_\_ Relation: \_\_\_\_\_

Name \_\_\_\_\_ Relation: \_\_\_\_\_

My child has my permission to leave center or return home alone - Yes \_\_\_ or No \_\_\_

Does Child have learning disability? If so, what \_\_\_\_\_

List all Medications your child is taking:

List all Medical Problems/Allergies/Physical Restrictions:

Child's Physician:

Physician Number:

Preferred Hospital or Clinic:

Does your child participate in other youth programs?

Child lives with: (Check One)

Both Parents     Mother     Father     Aunt/Uncle  
 Sister/Brother     Grandparent     Guardians     Other

You must include with the application: (Check if included)

Photo  Medical Records  Latest Report Card  Reading Test Scores

Please write here anything we should know about your child

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*I give consent to The Sister Power Organization, Inc. to use your child's name, and any photograph/portrait or other image in which the child appears for promotional, special events, TV tapings, website, and/or fund raising purposes as it relates to programming.*

**I AGREE TO PAY ANY LATE FEES IMPOSED AS A RESULT OF LATE PICK UP OF MY CHILD AT END OF DAY. I UNDERSTAND THAT MY CHILD WILL NOT BE PERMITTED TO ATTEND ANY PROGRAMS IF I EXCEED 2 WEEKS BEYOND PAYMENT DUE DATE. I ACCEPT FULL RESPONSIBILITY FOR MY CHILD'S LOST OR STOLEN ITEMS AT OR IN CARE OF SISTER POWER. SISTER POWER ASKS THAT VALUABLE ITEMS REMAIN HOME.**

Parent's or Guardian's Signature:

Date (Month/Day/Year):