



*Vestigia Nulla Retrorsum*  
WESTHILL INSTITUTE, S C

### **ENROLLMENT INFORMATION**

Students, parents and caregivers please fill out the following information and return this form to the After School Coach.

***This form is required to participate in the After School Program.***

***It would be best for you to staple the payment receipt to this form. If not, just make sure to send it by September 19<sup>th</sup>. Thank you!!***

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Gender: Female(  ) Male (  ) Birthdate: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parents and Guardians, what language do you speak? \_\_\_\_\_

Do the parents/guardians speak English? Yes(  ) No(  ) Some English(  )

#### **Emergency Contact**

Does your child have health insurance? Yes(  ) No(  )

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group \_\_\_\_\_

Family Doctor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

In case of emergency and the parent or caregiver cannot be reached, please notify:

Name \_\_\_\_\_ Relationship to family \_\_\_\_\_

E-mail Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please list any current medications, medical conditions, recent injuries and food or drug allergies:

#### **Dismissal/Sign Out**

1) My child may be picked up by the following adults (list all names):

\_\_\_\_\_  
\_\_\_\_\_

2) If your child is in 7<sup>th</sup> grade or higher (7<sup>th</sup>-12<sup>th</sup> grade) they may leave the program without an adult.  
My child is allowed to leave the program without an adult to travel home: Yes(  ) No(  )

3) My child will attend the program on the following days: \_\_\_\_\_

4) Program (activity) : \_\_\_\_\_

\_\_\_\_\_  
**Parent's Signature**