

**CALOOSA MIDDLE SCHOOL BEFORE/AFTER SCHOOL  
PROGRAM APPLICATION**

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_

Grade \_\_\_\_\_ Child Lives With: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Medical Info \_\_\_\_\_ Disabilities \_\_\_\_\_

Allergies \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

If Parents Can Not be Reached Call \_\_\_\_\_ Phone \_\_\_\_\_

**OTHER PERSON AUTHORIZED TO REMOVE THE CHILD FROM THE FACILITIES, IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY, IF FOR SOME REASON THE PARENT CANNOT BE REACHED, IF NONE, INDICATE "NONE"**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

It is understood and agreed by the undersigned that CMS is not liable for damage/loss of property or injury, unless such damage/loss of property or injury is the result of the negligence of an employee of the organization.

I grant CMS permission to authorize and obtain emergency medical care in case of illness or injury when neither parent/guardian is available to grant permission for medical treatment.

Enrollment in the Before/After School Program requires a \$25.00 non-refundable fee. Please return cash/check with this application to enroll your child. Students are not permitted on campus before 7:00am.

**PAYMENT: Payment for the program is due on a weekly basis. We are not able to extend credit to any parent. If payment is more than two weeks delinquent, we reserve the right to dismiss your child/children from the program. Please pay promptly.**

A penalty of \$1.00 will be assessed for every minute a child is left after 6:00 pm. More than three late pick-ups may result in your child/children being removed from the program.

\_\_\_\_\_  
Parent Initials

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_