

Afterschool Enrollment Form

Student's Name _____ Grade _____

I authorize:

to pick up my child from school.

I have notified them that they will be asked for an ID if necessary.

Emergency Information:

In an emergency, please call:

_____ at _____
or
Authorized person's name phone #

_____ at _____
Authorized person's name phone #

My child is allergic to _____

My child takes the following medications: _____

I acknowledge that in the case of a severe emergency City of Miami Rescue will be called simultaneously.

Parent/Guardians name

Parent/Guardians signature