

Meade School District 46-1

CAPABLE KIDS

Enrollment

STUDENT INFORMATION

Enrollment date: _____ Grade: _____ School: _____ Teacher: _____

Full Name of Child: _____ Sex: _____

Ethnic Origin of Child: Native American ___ Asian/Pacific ___ Black ___ Hispanic ___ White ___

Date of Birth: _____ Place of Birth: _____

Live with: Both Parents ___ Mother ___ Father ___ Guardian ___ Grandparents ___ Foster Parent ___ Other ___

Special Needs: _____

Allergies: _____

FAMILY DATA

Father/Guardian Name: _____

Place of Employment: _____

Mother/Guardian Name: _____

Place of Employment: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Number(s) Father: _____ Mother: _____

Cell Number(s) Father: _____ Mother: _____

In case of emergency contact: _____ Phone Number: _____

Family Physician: _____ Insurance Carrier: _____

SIBLING INFORMATION

Name	Sex	Date of Birth	School (if applicable)

PROGRAM INFORMATION

Individuals who have permission to pick up this child (**PLEASE INCLUDE PARENT NAME**)

Name	Phone	Address	Relationship

Emergency Medical Care Authorization

I hereby give permission for emergency medical treatment for my child _____
if requested by CAPABLE KIDS.

Please note that my child is allergic to the following medications: _____

It is also important to note that my child has the following special medical
conditions _____

Parent/Guardian Signature

Date

DAYS CHILD WILL ATTEND (circle all that apply): M T W TH F

HOURS CHILD WILL ATTEND: _____

I/We attest that the information listed on this application is as accurate and complete as possible.

Parent/Guardian Signature

Date

I have read and understand the Capable Kids parent handbook and the policies of the Capable Kids
program.

Parent/Guardian Signature

Date