

A.I.M.
After School Instruction at the Mount
20 Battles Street-Hartford, CT 06112

AFTER SCHOOL PROGRAM APPLICATION FORM

Dear Parents and Applicant: Thank you for your interest in the A.I.M. After School Program. Please fill out this form completely.

Your child will not be registered until we have received a completed application. Please note that any student who receives disciplinary actions or suspension during the school year may not be able to attend the After-School program while under suspension.

STUDENT INFORMATION:

Applicant's name: _____

Gender: Male Female **Grade:** _____ **DOB:** _____

Parent's/Guardian's name: _____

Address: _____

Home Phone: (____) _____ Cell: (____) _____

Work: (____) _____

Parent's/Guardian's name: _____

Address: _____

Home Phone: (____) _____ Cell: (____) _____

Work: (____) _____

Name of school your child attends: _____

Telephone Number: _____ Teachers name: _____

HEALTH QUESTIONS:

Does your child have any food allergies? ____ YES ____ NO

Please list: _____

A.I.M.
After School Instruction at the Mount
20 Battles Street-Hartford, CT 06112

Does your child **require the use of an epi pen** for these allergies ___YES ___NO

Are there any medications that your child usually takes during school hours or directly after school? ___YES ___NO

Please list: _____

Does your child have any **medical conditions** that we should be made aware of? ___YES ___NO

Please list: _____

Does your child have any **emotional conditions** that we should be made aware of? ___YES ___NO

Please list: _____

Does your child have any **physical limitations** that we should be aware of? ___YES ___NO

Please list: _____

PICK UP AND EMERGENCY CONTACT INFORMATION :
--

Name of designated person(s) who will be responsible for picking up your child:

Name: _____ Tel#: _____

Name: _____ Tel#: _____

***Please note, if you or the person(s) listed above are unable to pick up your child, please ensure that you advise our staff of the name of the person who will be picking your child up for that day. Otherwise, your child will not be able to leave our facility until we hear from you.**

A.I.M.
After School Instruction at the Mount
20 Battles Street-Hartford, CT 06112

Emergency Contacts: Please list in order of preference individuals we may contact in the event of an emergency:

Name: _____
Relation to Child: _____ Address _____
Telephone# _____ **(please put the BEST contact number)**

Name _____ Relation to Child _____
Address _____
Telephone# _____ **(please put the BEST contact number)**

By signing this form, you accept the A.I.M. Policies.

Signature of Parent or Guardian

Date

A.I.M.
After School Instruction at the Mount
20 Battles Street-Hartford, CT 06112

Rules and Regulations for A.I.M.

- Your child will be supervised inside until 6:00 PM.
- After 6:00 PM, you are considered late for pick up.
- **If you are late three (3) while your child is enrolled in the program, you child will no longer be able to attend the A.I.M. program for the remaining time of the current school year.**
- This is **NO free** for this service. The A.I.M. Program is free of charge.
- **All children and parents** are responsible for respecting the employees, volunteers and rules of the program.
- *You are responsible for listing and informing all staff members of any medical or emotional conditions your child may have
- *You are also responsible for providing or making sure that the staff is aware of any medication you child takes.