**PETER SPENCER FAMILY LIFE FOUNDATION**

**PSFLF UJIMA AFTER-SCHOOL ENRICHMENT PROGRAM**

**REGISTRATION FORM**

**STUDENT’S NAME:**

**ADDRESS:**

**CITY: STATE: CELL:**

**DOB: CURRENT GRADE: SCHOOL:**

**MOTHER/GUARDIAN NAME:**

**ADDRESS:**

**CITY/STATE/ ZIP**

**MOTHER’S CELL #: MOTHER’S HM. #:**

**MOTHER’S EMAIL:**

**PLACE OF EMPLOYMENT: PHONE:**

**OCCUPATION: HOBBIES:**

**FATHER/GUARDIAN NAME:**

**ADDRESS:**

**CITY/STATE/ZIP**

**FATHER’S EMAIL:**

**PLACE OF EMPLOYMENT: PHONE:**

**OCCUPATION HOBBIES:**

**\*VAN PICK UP FROM: SCHOOL**

**\*BUS STOP/ADDRESS \*Bus #**

**\*TIME: \*CONTACT PERSON (BUS DRIVER/SCHOOL)**

**MEDICAL INFORMATION**

**HEALTH INSURANCE CARRIER:**

**HEALTH INSURANCE ID #:**

**PHYSICIAN/PEDIATRICIAN:**

**ADDRESS: PHONE:**

**ALLERGIES:**

**HEALTH ISSUES WE NEEDED TO KNOW:**

**MEDICATION(S) TAKEN:**

**I-C-E (IN CASE OF EMERGENCY) INFORMATION:**

**CONTACT 1:**

**NAME:**

**ADDRESS:**

**PHONE:**

**CONTACT 2:**

**NAME:**

**ADDRESS:**

**PHONE:**

**\*\*Youth must have necessary medications on hand In case of emergency (i.e. Epi-pen, asthma inhaler, ADHD meds, etc.)\*\***

* **If your child becomes injured or ill while in our care, the following will take place :**
* **We will call cell phone numbers. If no answer,**
* **Home numbers will be called. If no answer,**
* **Emergency contact’s number will be called. If no answer,**
* **Physician will be called, as well as an ambulance, if necessary, to transport child to nearest medical facility**
* **Calls will continue until a responsible party is reached.**

**I agree to assume all expenses for movement and/or treatment of my child, if I cannot be reached. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which can be carried out based on the medical judgment of the attending physician.**

**PARENT SIGNATURE: DATE:**

**UJIMA AFTER SCHOOL ENRICHMENT PROGRAM**

**A Program of Peter Spencer Family Life Foundation**

**812 N. Franklin Street**

**Wilmington, De 19806**

**(302) 652 9937**

**Student Name:**

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**Days Attending:**

**Monday Tuesday Wednesday Thursday Friday**

**(Please circle all that apply)**

**Important for students who are walkers from bus drop off**

**Expected arrival time at Ujima:**

**Please note if student has not arrived at the Ujima after-school program within 7 minutes of expected arrival, parent will be called.**

**I have read and reviewed with my child the attendance expectations of the Ujima After-School Enrichment Program**

**Please print name:**

**Signature:**