

**THE TIGER DEN 2023-2024**  
**AFTER SCHOOL PROGRAM ENROLLMENT FORM**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Mother's Cellular Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

Father's Cellular Phone \_\_\_\_\_ E-mail \_\_\_\_\_

In case of emergency we will call the following person if the parents cannot be reached:

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

My child's Enrollment Status will be:

\_\_\_\_\_ Full Time (**5 DAYS**)

\_\_\_\_\_ Part Time: \_\_\_ MON. \_\_\_ TUE. \_\_\_ WED. \_\_\_ THUR. \_\_\_ FRI. (**3/4 DAYS**)

\_\_\_\_\_ Day-to-Day (**2 DAYS OR LESS**) **PAY WHEN YOU PICK UP YOUR CHILD.**

I have purchased school insurance for my child (check one): \_\_\_ Yes \_\_\_ No

I hereby authorize the release of my child from The Tiger Den After School Program to **ONLY** the following individuals. I understand that a phone call for student release to any other individual will not be accepted.

Name

Phone

Name

Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE BACK SIDE OF THIS ENROLLMENT FORM**

***OTHER CHILDREN IN TIGER DEN***

FULL NAME

HOMEROOM TEACHER

GRADE

_____	_____	_____
_____	_____	_____
_____	_____	_____

**MEDICAL INFORMATION**

Is your child allergic to bee-stings? \_\_\_\_\_

Does your child have asthma? \_\_\_\_\_

Please list any food restrictions: \_\_\_\_\_

Please list any medications your child is currently taking: \_\_\_\_\_

\_\_\_\_\_

Please list any other medical information we should know: \_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS (INCLUDING OVER-THE-COUNTER) WILL NOT BE  
ADMINISTERED WITHOUT A DOCTOR'S NOTE.**

**All of the information I have provided is true to the best of my  
knowledge. I have also read the parent handbook and agree to abide by  
the conditions set forth in the handbook.**

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**OFFICE USE ONLY**

**Tiger Den Enrollment Fee Paid:** \_\_\_\_Yes \_\_\_\_No

**Paid Cash**\_\_\_\_ **Paid With Check Number**\_\_\_\_ **Date of Payment**\_\_\_\_

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