

Date of Admission _____ Enrollment Interview _____

**Spring Garden Academy/ Next Generation Ministries
Out of School Time (K-8) Student Application**

Mailing Address: PO Box 15191, Philadelphia, PA 19130 www.springgardenacademy.org

PROGRAM INFORMATION

Date of Application _____ **Preferred location:** 18th & Spring Garden _____ 17th & Tioga _____

Out of School Time Programs:

Check all that apply:

Before/After School _____

Summer Camp _____

Thursday Family Night at 18th and Spring Garden _____

Friday Family Night at 17th and Tioga _____

Special Event _____ *Specify* _____

CHILD INFORMATION

Child's Name: _____ Date of Birth: _____ Select One: Male Female

Address: _____ Apt: _____

City/State/Zip: _____ Home Telephone: _____

Social Security Number: _____ Fall 2015 Grade: _____ School: _____

PARENT INFORMATION

Parent Name: _____

Select One: Biological or Adoptive Parent Foster Parent Guardian

Address: _____ Apt: _____

City/State/Zip: _____ Home Telephone: _____

Cell Phone/Other Numbers: _____

Email: _____

Occupation: _____ Employer: _____ Work Phone: _____

Address: _____ City/State/Zip: _____

Church Name/Address: _____ Are you a member? _____

PARENT INFORMATION

Address: _____ Apt: _____

City/State/Zip: _____ Home Telephone: _____

Cell Phone/Other Numbers: _____

Email: _____

Occupation: _____ Employer: _____ Work Phone: _____

Address: _____ City/State/Zip: _____

Church Name/Address: _____ Are you a member? _____

EMERGENCY INFORMATION

Name of child's physician/medical care provider: _____

Address: _____ Phone: _____

Health Insurance or Medical Assistance Benefits _____

Policy Number (Required) : _____

If you indicate any information on the lines below, please fill in a Special Needs form with details.

Special Disabilities: _____

Medical or dietary information necessary in an emergency situation

Allergies (including medications): _____

Parents are the first people we contact in an emergency situation. Please list at least three other people we can contact if the parents cannot be reached.

Name _____ Relationship to Child _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name _____ Relationship to Child _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name _____ Relationship to Child _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

RELEASE INFORMATION

We will release the child to the parents listed on the application or to the people listed below.

Name _____ Relationship to Child _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name _____ Relationship to Child _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name _____ Relationship to Child _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

PARENTAL CONSENT

Parent/Guardian signatures are required for each item below to indicate consent.

Spring Garden Academy may obtain emergency care for my child.

First Parent Signature/Date

Second Parent Signature/Date

My child may participate in walking trips in the Spring Garden Academy program.

First Parent Signature/Date

Second Parent Signature/Date

Spring Garden Academy may transport my child for field trips, regular activities, or emergencies.

First Parent Signature/Date

Second Parent Signature/Date

Spring Garden Academy may administer minor first aid procedures.

First Parent Signature/Date

Second Parent Signature/Date

My child may participate in swimming activities.

First Parent Signature/Date

Second Parent Signature/Date

My child may participate in wading activities (play in shallow water).

First Parent Signature/Date

Second Parent Signature/Date