

Chameleon Afterschool Program Application

Date: _____ School: _____
Child's First Name: _____ Last Name: _____
Date of Birth: ____/____/____ Teacher: _____ Grade: _____ Room #: _____
Student ID Number: _____
Parents or Guardian's Name(s): _____
Email Address: _____
Address: _____ Home Phone #: _____
Zip: _____
Mother's Work Phone #: _____ Father's Work Phone #: _____
Mother's Cell#: _____ Father's Cell Phone#: _____

Person(s) authorized to pick up your child / Emergency Contacts: (Person must show picture I.D.)

Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____
Name: _____	Relationship: _____	Phone#: _____

Student lives with: ____ Father ____ Mother ____ Step Parents ____ Foster ____ Legal Guardian ____ Other

Primary Language: ☐ English ☐ Spanish ☐ Other: _____

Is your child under medical care or taking any medication(s)? ☐ Yes ☐ No

If yes, please check all of the following conditions that your child has.

<input type="checkbox"/> Bee Sting Allergy	Epi-pen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Allergies: _____
<input type="checkbox"/> Asthma	Inhaler <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Special Needs / Disability: _____
<input type="checkbox"/> Diabetes	Insulin <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Vision / Hearing	Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No	

Family Health Care: Physician's Name: _____ Phone #: _____

Address: _____ Medi-Cal: ☐ Yes ☐ No

Health Insurance# _____

Does the Chameleon program have permission to use photos of your child in educational or promotional materials? Yes: _____ No: _____

Please read, select, and sign below:

I understand that my child can be removed from the program for excessive unexcused absences. I understand that my child may be removed from the program if he/she received three (3) or more discipline referrals. I understand my child can be removed from the program for unpaid program fees. I give permission to Chameleon Inspirations Learning Center's staff to review my child's academic files (FERPA) for the purposes of assisting with improving my child's academic performance and analyzing program effectiveness. I agree to hold Chameleon afterschool program harmless from any and all claims that may result from any actions for damages, such as claim for injuries or accidents, or death during or arising in any way from afterschool/summer program activities. I authorize Chameleon Inspirations Learning Center to transport my child to a physician for treatment in the event it is not possible to receive instruction from me pertaining to my child's care. I understand any cost incurred for treatment will be paid by me.

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Printed Name: _____

For Office Use Only

Enroll Date: _____ Initials: _____

Date Disenrolled: _____ Reason: _____

Chameleon Inspirations Learning Center * 560 Fairfield Street * PO Box 205 * Winnsboro, SC 29180 * (803) 815-0833
www.chameleonic@yahoo.com (803) 402-9367