

**Midway UMC After School Program
2016-2017
Admission Application / Contract**

Student Information

Students Name _____
Last First M I

Home Address _____ Apt _____

City _____ State _____ Zip _____

Date of Birth _____ Home Phone() _____
MM DD YY

Student Resides With: (check one) One Parent____ Two Parents____ Other Relative____
Group Home____ Foster Home____

Does student have any health problems? No__ Yes__

If yes, please explain _____

Does student have any allergies? No__ Yes__

If yes, please explain _____

Is your student currently on any prescription medication? No__ Yes__

If Yes please describe _____

Is student covered by medical insurance: No__ Yes__

Doctors Name _____ Phone() _____

Parent / Guardian Information

Parent / guardian Name _____
Last First M I

Home Address _____ Apt _____

City _____ State _____ Zip _____

Work Phone () _____

Employer _____ Work Address _____

City _____ State _____ Zip _____

Parent Marital Status: Married__ Single__ Separated__ Divorced__ Widowed__

E-Mail Address _____ Cell Phone() _____