

Advantage After School Program

Child's Name: _____

Birthdate: _____ Race/Ethnicity: _____ Gender (circle): M F

Child's Address & Phone: _____

Child's Teacher and Grade Level: _____

What school lunch program is your child enrolled in? Free Reduced Payed

Mother/Guardian Name: _____

Address: _____

Home Phone: _____

Employer: _____

Cell Phone (if applicable): _____ Work Phone: _____
=====

Father/Guardian Name: _____

Address: _____

Home Phone: _____

Employer: _____

Cell Phone (if applicable): _____ Work Phone: _____
=====

Family Type (circle one option):

Single Parent/female Single parent/male Two Parent Household Other

Number of people in household (circle one option):

1 2 3 4 5 6 7 8 or more

Housing (circle one): Rent Own Other: _____

Please Return to:

Harrisville Central School
AASP Program Coordinator
14371 Pirate Lane
Harrisville, NY 13648
Phone: 315.778.0060



Transitional Living Services
of Northern New York
482 Black River Parkway
Watertown, NY 13601
315.782.1777

Advantage After School Program Application

Are there currently custody papers on file for your child? Yes or No
(If so, please provide a copy to have on file)

Is there any person/s the child may not leave the program with? Yes or No
Please list names: _____

Are there any problems of which the staff should be aware of (example: ADHD, behaviors, etc.)?

Medical Information:

Please list any of the following:
Allergies your child has (foods, medications, insect bites, asthma):

Does your child take medication on a regular basis? (If so, what kinds?):

Will medications be given during program hours? (If so, what ones?):

Child Information:

How well does your child get along with other children?
Does your child have any special interests?
Does your child have any special needs which we would need to be aware of?
Any other information that would be helpful to share with staff?

Medical Release:

Under New York State School Age Child Care Regulations, Advantage After School Program must have a medical history form on file. We are asking your permission to use the same forms and information on file in the school office medical records.

I, _____, give permission to Advantage After School Program, access to the school medical records on file. I also authorize and request the Harrisville Central School District to release to Advantages a copy of the most recent immunization certificate and physical examination record of _____
(Child's Name)

Parent/Guardian Signature: _____ Date: _____