

**BCA After Care Enrollment Application**  
**800 Belvoir Ave.**  
**Chattanooga, TN 37412**  
**After School Care Phone: 423.304.6591**

Date of Application: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's current grade: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parent 1 Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent 2 Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**AUTHORIZATION & EMERGENCY DATA:** To ensure the safety of your child, please list all people (and phone numbers) who are authorized to provide transportation for your child and act as parent in case of emergency:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(Please list additional names and numbers on the back.)

## Health Information

Name of Child: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_

History of Serious or Severe Illnesses or Accidents:

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Allergies/Medications:

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Parent's Evaluation of Child's Health:

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Parent's Evaluation of Child's Personality:

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Describe any Special Problems or Fears experienced by your Child:

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What Plans do you have for care when the Child is ill?

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## EMERGENCY MEDICAL CARE PERMISSION FORM

I request the director or staff member in charge to take whatever steps may be necessary to obtain emergency medical care, if warranted.

These steps may include, but are not limited, to the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's physician
3. Attempt to contact a parent through any of the persons listed on the school emergency form.
4. If we are unable to contact you or your child's physician, or in time critical situations, we will do any of the following.
  - A. Call the paramedics and render care as determined by the specific case.
  - B. Transport the child to a hospital emergency room in the company of a staff member.
5. Any hospital or ambulance expenses incurred under the above will be borne by the child's family.

I also hereby request that emergency treatment by physicians who staff a hospital emergency room be given to my child when their professional judgment deems immediate treatment necessary.

Signed: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Physician to be called in an emergency: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Dentist to be called in an emergency: \_\_\_\_\_

Dentist's Phone: \_\_\_\_\_

Names and phone numbers of two people who may be contacted in an emergency if we are unable to contact parents:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_