

CBA MISSION CENTER YOUTH ENRICHMENT PROGRAM

12200 Fairhill Avenue, Cleveland, Ohio 44120
Enrollment Form



Child's First Name **Child's Last Name** **Birthday/Age of Child**

Address: Street **City** **Zip Code**

Parent/Guardian's Name **Relationship to Child**

Contact Phone Number for Guardian _____

Any other contact telephone numbers to reach Guardian: _____

Do we have your permission to pick up and return your student to your home? ___ Yes
___ No (I will provide my student's transportation)

Emergency Contacts and Pick Up Authorizations:

The following people should be contacted in case of emergency, only if parent or guardian cannot be reached, AND are authorized to pick up the child:

1. **Name :** _____ **Relationship to child:** _____
Phone Number(s) _____

2. **Name :** _____ **Relationship to child:** _____
Phone Number(s) _____

Family Doctor: _____
Phone () _____

Family Dentist: _____
Phone () _____

Do you carry family medical/hospital insurance? ___ Yes ___ No
Carrier _____
Policy/Group # _____

(over)

Is the child taking any medications? YES NO

If yes, what medications and why:

Medication cannot be distributed by our staff. Medication can be locked in a secure place and medication reminders can be given to children.

Does your child have any of the following, and if so, please explain:

Special Needs _____

Allergies or Asthma _____

Dietary Restrictions _____

Chronic or recurring illness _____

Operations or serious injuries (include date/s) _____

Status of child's vision, hearing and speech

Does your child have a communicable disease or condition which may prove to be a risk to others?

YES NO

If yes, please explain:

Significant information about your child's behavior that would be helpful to know:



The Youth Enrichment Program is a non-sectarian Community Service and Outreach Mission of the Cleveland Baptist Association. All are Welcome!

Please Note: There is no cost for student attendance, however, there may occasional field trips and outings for which a fee may be required.

If you have any questions, please contact the CBA office at 216-325-7730

Parent/Guardian Printed Name _____

Date _____

Signature _____