



MORE (My Opportunity for Reinforcement and Enrichment) After School Enrollment Form

Hours: 3:30-6PM Monday-Friday

STUDENT NAME: _____ GRADE: _____

PARENT NAME(S): _____

ADDRESS: _____

PHONE: _____ CELL: _____ WORK: _____

Medication(s) Taken: _____

Allergies: _____ EPI-PEN? (PLEASE CIRCLE) YES NO

Permission to treat student in case of a medical emergency and no parent is available? YES _____ NO _____

Insurance Information: Policy Carrier: _____

Policy #: _____ Group ID: _____

***The funding for this program requires students to attend at least 3 days per week.**

Students are welcome to attend all 5 days.*

Please indicate how many days your student will attend 3 days _____ 4 days _____ 5 days _____

People who are authorized to pick student up: _____

Does student require bus service? YES _____ NO _____

If "YES" please specify location if different from home address. (Bus stops will be group stops based on enrollment)

