Dorado Academy
"Home of the Dolphins"

After School Application

Child's First Name:_____Last Name: _____

Date of Birth: ____/____/____ Teacher:_____Grade: _____

Parents or Guardian's Name(s):
_____

Address:
_____

_____

_____

Home Phone #: _____

Mother's Work Phone #_____Father's Work Phone#: _____

Mother's Cell# _____Father's Cell Phone#:_____

Person(s) authorized to pick up your child / ***Emergency Contacts:*** (Person must show picture I.D.)

Name: _____ Relationship: _____

Phone#:_____

Name: _____ Relationship: _____

Phone#:_____

Name: _____ Relationship: _____

Phone#:_____

Name: _____ Relationship: _____

Phone#:_____

Student lives with: ___ Father ____ Mother ___ Step Parents ___ Legal Guardian ___ other

Primary Language: □ English □ Spanish □ Other: _____

Is your child under medical care or taking any medication(s)? □ Yes □ No

If yes, please check all of the following conditions that your child has.

□ Bee Sting Allergy Epi-pen □ Yes □ No

□ Other Allergies: _____

□ Asthma Inhaler □ Yes □ No

□ Diabetes Insulin □ Yes □ No

□ Other: _____

□ Vision / Hearing Glasses □ Yes □ No

Current medications:_____

_____

_____

Parent or Guardian Signature: _____ Date: _____

For Office Use Only:

Enroll Date:_____ Initials: _____

Date withdrawal: _____Reason:_____