



**Palmetto Christian School**  
6790 S.W. 56 Street, Miami, FL 33155  
Phone: (305) 662- 2863

*Application for After-Care*  
**2018-2019**

PLEASE PRINT

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade Level: \_\_\_\_\_

**STUDENT INFORMATION:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Male  Female  Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Current School: \_\_\_\_\_ School Address: \_\_\_\_\_

**HOME INFORMATION:**

Mother's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Ph:( ) \_\_\_\_\_ Cell Ph.:( ) \_\_\_\_\_ Work Ph. :( ) \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Would Like School Communication through E-Mail and/or Text Messaging?  Yes  No

Father's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Ph:( ) \_\_\_\_\_ Cell Ph.:( ) \_\_\_\_\_ Work Ph. :( ) \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**EMERGENCY CONTACTS WITH PERMISSION TO PICK UP STUDENT:** The student will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Ph: \_\_\_\_\_ Ph: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Ph: \_\_\_\_\_ Ph: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Ph: \_\_\_\_\_ Ph: \_\_\_\_\_