

# 32n Out-of-School Time Enrollment Form 2025-2026

**Program Site Location:** \_\_\_\_\_ **School Name:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **D.O.B. :** \_\_\_\_\_ **Gender:**  Male  Female  Nonbinary

**Address:** \_\_\_\_\_ **Primary Phone :** (\_\_\_\_) \_\_\_\_\_  
Number & Street, Apartment Number                      City                      State                      Zip

**Student's Primary Language:**  English  Spanish  Other: \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_  Youth  Adult

**Student Grade:** \_\_\_\_\_ **Teacher's Name:** \_\_\_\_\_ **Teacher's Email:** \_\_\_\_\_

**Before School Program**

Yes  
 No

**Afterschool Program**

Walk  
 Bus (if applicable)  
 Pick Up

**Student Race/Ethnicity (Check all that apply):**

American Indian/ Native Alaskan  
 Asian  
 Black/African American  
 Hispanic/Latino  
 Middle Eastern/North African  
 Native Hawaiian/ Pacific Islander  
 White  
 Other: \_\_\_\_\_  
 Prefer not to say

Are siblings enrolled?  Yes  No If so, at which school/program? \_\_\_\_\_

Names of Siblings: \_\_\_\_\_

## Parent 1/Legal Guardian

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Same Address as Child? \_\_\_ Yes \_\_\_ No (If no, please provide)

**Address:** \_\_\_\_\_  
Name & Street, Apartment Number

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

**Phone Number:** \_\_\_\_\_  
Cell                      Work

**Authorized to Pick-up?** \_\_\_ Yes \_\_\_ NO

## Parent 2/Legal Guardian

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Same as Address as Child? \_\_\_ Yes \_\_\_ No (If no, please provide)

**Address:** \_\_\_\_\_  
Name & Street, Apartment Number

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

**Phone Number:** \_\_\_\_\_  
Cell                      Work

**Authorized to Pick-up?** \_\_\_ Yes \_\_\_ NO

**INTERNAL USE ONLY:** **Date of Admission:** \_\_\_\_\_ **Date of Discharge:** \_\_\_\_\_

In the event of a medical emergency, what is the Hospital Preferred for Medical Treatment: \_\_\_\_\_

Medical Conditions/Allergies/Disabilities or Special Instructions (“check” conditions that apply or check “none”): \_\_\_\_\_ NONE

\_\_\_ Allergies \_\_\_ Asthma \_\_\_ Diabetes \_\_\_ Hearing Impairment \_\_\_ Heart \_\_\_ Physical Limitation \_\_\_ Seizures \_\_\_ Vision \_\_\_ Requires Epi-Pen

Food allergies? \_\_\_\_\_ Allergic to Bees? \_\_\_ YES \_\_\_ NO Other: \_\_\_\_\_

If medication is to be distributed during the program, I understand that a medication authorization form must be on file with the program leadership \_\_\_\_\_ (initials) and it is my responsibility to make sure the leadership has the authorized medication to be administered in a timely manner \_\_\_\_\_ (initials).

Please describe any Special Instructions/Information that may be useful for staff to know: \_\_\_\_\_

\*\*\*\*Additional Contacts can be used for transporting of my student if I am not available \_\_\_\_\_ (initials)\*\*\*\*

EMERGENCY CONTACT 1
Name: _____
Phone: _____
Add'l Phone: _____
Relationship to Student: _____

EMERGENCY CONTACT 2
Name: _____
Phone: _____
Add'l Phone: _____
Relationship to Student: _____

EMERGENCY CONTACT 3
Name: _____
Phone : _____
Add'l Phone: _____
Relationship to Student: _____

YES	No	****PLEASE READ THE STATEMENT BELOW AND CHECK THE BOX NEXT TO EACH STATEMENT****
		<b>Emergency Medical Treatment:</b> I give permission to the program staff (licensed by the State of Michigan) to secure emergency medical and/or surgical treatment for the above.
		<b>Family Handbook:</b> I have received a copy of the Family Handbook. I agree to the program’s policies.
		<b>Playground Equipment Recognition.</b> The program utilizes the playground equipment available at our sites. I understand the equipment students use may not comply with licensing standards.
		<b>Immunization Records.</b> My Child’s immunization records are up-to-date. The immunization record or appropriate waiver is on file with the school. My child is in good health with activity restrictions noted.
		<b>Contact Information.</b> I agree to contact the program leadership at my site if my contact information changes.
		<b>Field Trip.</b> I hereby give my permission for my student to attend field trips. I understand that information will be provided prior to every field trip. I agree to accept all medical responsibility in case of emergency due to accident or illness.
		<b>Topical Application Waiver.</b> I give permission to the program staff to provide my child with insect repellent, sunscreen, and Neosporin wound cleanser when appropriate. I understand that specific product information is available upon my request from the program leadership team.
		<b>Program Enrollment.</b> I understand that enrollment in this program is voluntary. In order to assure that each student makes the desired progress for academic success, I understand regular attendance is expected.

**By signing my student up, I authorize this program to collect and use data about my child for the purposes of program development, safety, and improving educational outcomes. I understand that this data will be kept confidential, stored securely, and used by authorized personnel within the organization, and shared with Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP) 32n OST Grants Program and state evaluation partners.**

Signature of Parent/Guardian: \_\_\_\_\_ Printed Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*“This before school, afterschool, and summer program is made possible by a grant awarded by MiLEAP under 32n OST Grants Program.”*