

MCPS E² Education and Enrichment Program Enrollment Form
 Gilbert Linkous Elementary
 Blacksburg, VA 24060

Today's Date		Date of Enrollment		Date of Withdrawal	
Child's Last Name		Child's First Name		Date of Birth	
				Sex M or F	
House Number		Street		Primary Phone Number	
City		State		Zip Code	
Name of Parents or Guardians					
Mother's E-mail Address (please print clearly)			Father's E-mail Address (please print clearly)		
Is your child a student at a school other than GLE? Yes or No If yes, where?					
My Child will attend: (please circle one)		Full Time Childcare AM & PM		AM Childcare Only	
				PM Childcare Only	

Grade child is in as of today's date:		Do you want your child to do homework during the afternoon session? Yes or No	
Child's Likes			
Child's Dislikes			
Favorite Snack		Favorite Activity	

Mother's Name		Employer		Cell Phone	
Home Address (if different from child's)				Work Phone	
Normal Work Hours or Schedule					
Father's Name		Employer		Cell Phone	
Home Address (if different from child's)				Work Phone	
Normal Work Hours or Schedule					
Person(s) or Agency Having Legal Custody of Child					
Home Address				Primary Phone	
Agency Address				Agency Phone	

MCPS E² Education and Enrichment Program Enrollment Form
Gilbert Linkous Elementary
Blacksburg, VA 24060

Medical / Emergency Information

Please list any allergies or intolerance to Food, Medication, Bees, etc.	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed	
Treatment prescribed for above allergies and any medical conditions	
Please list any foods your child may not or cannot eat	
Are your child's immunizations current? Yes or No Please attach a current copy of both immunization & physical forms used by the Virginia Department of Health	
Please list any actions to be taken in case of emergency	
Child's Physician & Address	Phone
Preferred Hospital & Address	Phone
Health Insurance Carrier:	
Subscriber's Name:	
Group Number:	
ID Number:	

MCPS E² Education and Enrichment Program Enrollment Form
 Gilbert Linkous Elementary
 Blacksburg, VA 24060

In the event of an emergency and you cannot be reached, please list at least 2 emergency contact persons who are authorized to act on behalf of your child.

Emergency Contacts

1. Name	Relationship to child	
Address	Cell Phone	Work Phone
2. Name	Relationship to child	
Address	Cell Phone	Work Phone
3. Name	Relationship to child	
Address	Cell Phone	Work Phone

Pick – Up Policy

The following information will allow the E² Program to release your child to these individuals only. If someone not listed is to pick up your child, **YOU MUST SEND A NOTE OR PHONE** the E² Director with a name and description of the person. We will ask for proper identification before we release your child.

I agree that the following people may pick up my child/ren. Please notify these people that you have put them on the application. The E² staff may release my child/ren to the following people:

**Please list any and all persons authorized to pick up your child/ren.
 Complete addresses are required.**

1.	Address	Phone
2.	Address	Phone
3.	Address	Phone
4.	Address	Phone
Person(s) NOT Authorized to pick up my child/ren *		

* Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

MCPS E² Education and Enrichment Program Enrollment Form
Gilbert Linkous Elementary
Blacksburg, VA 24060

CHILD'S EMERGENCY MEDICAL AUTHORIZATION
(To be used in the event of a medical emergency)

Child's Name _____

Date of Birth _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Home Address _____

Primary/Home Phone _____

Mother's Employment _____ Telephone _____

Address _____

Father's Employment _____ Telephone _____

Address _____

Know Allergies (including medications) _____

As Parent or Guardian, I authorize E² Program Director to obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to, my child or ward if an emergency occurs when I cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when I cannot be reached. Otherwise, I expect to be notified immediately.

1. I/will be responsible for payment of medical care expenses.

2. Medical treatment costs are covered by:

a. Insurance Carrier _____

Policyholder _____

Group No. _____ ID No. _____

b. Medicaid Coverage No. _____

c. Other Insurance _____

ID No. _____

d. No Insurance _____

Child's Physician _____ Phone _____

My child is enrolled in the MCPS E² Education and Enrichment Program and I agree to authorize the staff to seek emergency treatment in the event that I cannot be reached.

Parent/Guardian Signature Date _____

EMERGENCY SHEET

The following information is requested for your child's personal file in case of emergency.

Child's Name _____ **Birth Date** _____
Address _____
City/State _____ Zip Code _____

Mother's Name _____

Work Phone _____ **Cell Phone** _____

Email Address _____

Father's Name _____

Work Phone _____ **Cell Phone** _____

Email Address _____

Please list two emergency contacts in order of preference:

1. **Name** _____ **Relationship** _____
Home address _____
City/State _____ Zip Code _____
Cell Phone _____ **Work Phone** _____

2. **Name** _____ **Relationship** _____
Home address _____
City/State _____ Zip Code _____
Cell Phone _____ **Work Phone** _____

Allergies (foods, medications, bees, etc.)

