Read, Write, & Thrive Parent Enrollment Form

ARKANSAS KIDS AFTER SCHOOL NETWORK

Please complete the information below to enroll your child in the program.

CHILD INFORMATION:

Child's Full Name: _____

Date of Birth: _____ Age: _____ Grade: _____

School: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Full Name: _____

Relationship to Child: _____

Phone Number: _____

Email Address: _____

Home Address: _____

_____

EMERGENCY CONTACT:

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

HEALTH AND SUPPORT INFORMATION:

Allergies or Medical Needs: _____

_____

Additional Support Information: _____

_____

☑ I give permission for my child to participate in the Read, Write, & Thrive program.

_____ _____

Parent/Guardian Signature Date

Arkansas Kids After School Network