

**Aftershock  
2020-2021 ENROLLMENT FORM**

Child's Legal Name: Last \_\_\_\_\_, First \_\_\_\_\_ M.I. \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_-\_\_\_\_-\_\_\_\_ Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, NE 68 \_\_\_\_\_

Father or  
Guardian \_\_\_\_\_

Mother or  
Guardian \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, NE 68 \_\_\_\_\_

City \_\_\_\_\_, NE 68 \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**HEALTH INFORMATION**

Allergies or Restrictions \_\_\_\_\_

Medications \_\_\_\_\_

**\* Emergency medications used during the school day are not accessible after school dismisses. Arrangements will need to be made with Aftershock Staff to disperse medication.**

Special Concerns \_\_\_\_\_

(Please list any information that would be helpful in the care of your child.)

---

**EMERGENCY CONTACTS other than parents – (TWO EMERGENCY CONTACTS REQUIRED)**

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Phone \_\_\_\_\_

---

*MEDICAL RELEASE/CONSENT TO SHARE INFORMATION I hereby authorize Aftershock Staff to take my child to the above-named physician or to Faith Regional Health Services or other medical facility for medical treatment in the event of an emergency in which neither parent can be reached. I also give my consent and authorization for all Norfolk Public School staff and Aftershock staff to share interchangeably necessary information, medical reports, and history concerning my child's health, medical condition and treatment during the school day. This authorization pertains only to information that is necessary to protect the health or safety of my child or other individuals.*

Date \_\_\_\_\_

Signature \_\_\_\_\_

**BY SIGNING THIS I AGREE TO THE FOLLOWING:**

1. I give my permission for my child to be enrolled in the Aftershock Program activities. I understand that program participation is optional and contingent upon terms and conditions.
2. I must notify the Aftershock Program in advance or call by 2:00 pm and leave a message for the staff that your child will be gone.
3. I understand that the Aftershock Program does not carry health and accident insurance for my child, and that I as guardian will be primarily responsible in the case of injury where bills are incurred.
4. I give permission for the Aftershock Program to transport my child for the purpose of medical care and other program activities.
5. I give permission for the Aftershock Program to use my child's name, any photographs, videos, writings, artwork etc for the purposes of marketing, publicity for program and activities, and documentation of instructional evaluation.
6. I understand that Aftershock closes at 6:00 p.m. and there will be a five minute grace period until 6:05 p.m. In addition, I understand that failure to pick up my child could result in suspension from the program and/or notification to law officials when necessary.
7. I agree to all the terms and conditions listed herewith-in and understand that my child may be suspended or dismissed for failure to follow rules, failure to participate and failure to follow general operating procedures of the Aftershock Program. As the parent/guardian, I will read the Parent Handbook and work as a partner with Aftershock Program Staff to ensure my child is successful in the program.

---

Signature of Parent/Guardian

---

Date

**The Aftershock Program provides an equal opportunity for enrollment for all children and will not discriminate on the basis of origin, faith, race, *disabilities*, or gender.**



**The mission of Aftershock is to provide a learning environment for young minds to grow beyond the school day through intentional programming.**

**The vision of Aftershock is to be an innovative afterschool program that provides a safe environment with diverse, prepared staff, and relevant learning opportunities that engages families and our community.**

**If you have any questions, please contact the Aftershock Project Director at (402) 644-2569 or [aftershock@npsne.org](mailto:aftershock@npsne.org)**