



PUSH THE PEACE

AFTER SCHOOL PROGRAM

Boys & Girls Ages 10-16
JD SIMS COMMUNITY CENTER

STUDENT INFORMATION

Full Name _____
Date of Birth ____ / ____ / ____ Gender Male Female
Home Address _____
City _____ Zip Code _____
Phone Number _____ Email _____

CONTACT INFORMATION

Parent/Guardian Name _____
Home Phone _____ Work/Cell Phone _____
Emergency Contact Name _____ Emergency Phone _____
Relationship to Student _____ Alternate Phone _____

MEDICAL INFORMATION

Does your child suffer from any health condition that threatens their life? Yes No
(Allergies, Asthma, Heart Condition)

If yes, please explain

Is your child in need of medication at school? Yes No

If yes, please explain

Do you have any other medical issues we should know about your child? Yes No

If yes, please explain

Parent Signature

Date

____ / ____ / ____