Quality Life Center of Southwest Florida, Inc.
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FOR OFFICE USE ONLY!
- Pre-School
- VPK
- After School
- Summer Camp
- Teen/L.I.T.E.
- Performing Arts
- Non School days

APPLICATION FOR ENROLLMENT

Participant Name: _____

Registration Date: _____
Start Date: _____

Date of Birth: _____
Age: _____ **years old**

Gender:
Male Female

Race : Please check all that apply
- ☐ White
- ☐ Black
- ☐ Asian
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian/Other Pacific Islander

Ethnicity
- ☐ Hispanic
- ☐ Not Hispanic

School _____

Grade _____

Free/Reduced Lunch: (Circle one)
Yes No

Mother/ Guardian's Name:
_____
Address: _____
City _____ **State** _____ **Zip** _____
Home Phone: (_____)_____-_____
Work Phone: (_____)_____-_____
Cell Phone: (_____)_____-_____
E- Mail Address:

Family Structure
- **Both Parents**
- **Single Mother**
- **Single Father**
- **Relatives**
- **Non- Relatives**
- **Foster Care**

Father/Guardian's Name:
_____
Address: _____
City _____ **State** _____ **Zip** _____
Home Phone: (_____)_____-_____
Work Phone: (_____)_____-_____
Cell Phone: (_____)_____-_____
E-Mail Address:

Child's Medical Doctor: _____
Phone Number: (____)_____-_____
Address: _____
Insurance: _____
Policy Number: _____
In the event of an emergency, what is your hospital preference? _____
_____

Is there any health, medical conditions or allergies that our staff should be aware of: Yes No
If no, please complete the next section by writing N/A
If yes, please describe: _____
_____
_____
_____

Please describe any needs you feel your child may have that Quality Life Center may be able to help address: _____
_____
_____

List any medications taken:
1. _____
2. _____
3. _____
4. _____
Are there any side effects from this medication? Yes No
If yes, please describe:
_____
_____
_____