After School Program

Dr. Lewis Dolphin Stallworth, Sr., Charter Schools, Inc.
1610 East Main Street
Stockton, Ca 95205
(209) 948-4511 Fax: (209) 888-6694

Member: Last Name_____First Name:_____
Gender: Male / Female Grade_____ Ethnicity_____
Birthdate_____ Age:_____

"Parent / Guardian / and Other Information"

Name:_____Address:_____

City:_____State:_____Zip:_____

Phone: Home:_____Cell:_____Work_____

#1 Pick up:_____**Relationship**:_____**Phone:**_____

#2 Pick up:_____**Relationship:**_____**Phone:**_____

Medical Information/ Medications: _____
Illness: _____

Emergency Contact Name #1_____
Relationship:_____**Phone #**_____
Emergency Contact Name #2_____
Relationship:_____**Phone #**_____

I hereby approve of my child's application for membership in the Stallworth Charter Afterschool Program and I understand that no responsibility is attached to the Stallworth Charter Afterschool Program, nor the site management in the event of accident or illness. In the event of an emergency, neither the Stallworth Charter Afterschool Program nor it's staff or management shell be held responsible for the liability nor expenses incurred for medical treatment for my child. I authorize any medical treatment and/or surgery which a physician shall advise the employee consent without delay in the best interest of my child. I also give permission for the Stallworth Charter Afterschool Program to transport my child to and from their facility. I may cancel this transportation by providing the Stallworth Charter Afterschool Program with a written request to be placed in my child file.

Parent/Guardian Signature:_____**Date:**_____