



**SOCIAL SUPPORT ENROLLMENT FORM**

Child's Name \_\_\_\_\_

C.A.L.M KIDS from 9:30-10:30 Thursday, Friday, Saturday January 5,6,7

Please indicate if your child has any medical concerns:

\_\_\_\_\_

Please indicate any comments/information that will be helpful in working with your child:

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact

Name/Number/Email: \_\_\_\_\_

I \_\_\_\_\_, give permission for my child \_\_\_\_\_ to participate in this program. I understand that transportation is my responsibility and there will be no supervision outside of the designated time.

\_\_\_\_\_

Parent Signature

Date

*Enrollment form along with cash or check payment can be dropped off or mailed to 9809 S. Trumbull, Evergreen Park, IL 60805. You will receive a confirmation of your child's enrollment prior to the start date by text or email.*

