REMEDY
YOUTH RESPITE PROGRAM

ENROLLMENT FORM

Chianti Clay
(602) 756-2390
7516 W. Burleigh Street
Milwaukee, WI 53210
chianticlay80@gmail.com

STUDENT INFORMATION

Full Name _____

Date of Birth ____ /____ /____ Place of Birth _____

Gender ○ Male ○ Female

Home Address _____

City _____ Zip Code _____

Phone Number _____ Email _____

CONTACT INFORMATION

Parent/Guardian Name _____

Phone _____ Email _____

Emergency Contact Name _____ Emergency Phone _____

Relationship to Student _____ Alternate Phone _____

MEDICAL INFORMATION

Does your child suffer from a health condition that threatens their life? ○ Yes ○ No
If yes, please explain

_____

_____

Is your child in need of medication while in our care? ○ Yes ○ No
If yes, please explain

_____

_____

_____

Are there any other medical issues we should know about your child? ○ Yes ○ No
If yes, please explain

_____

_____

_____

Special Needs/Disabilities:

_____

_____

_____

Allergies:

_____

Dietary Restrictions:

_____

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AUTHORIZED PICK UP PERSONS

(Individuals permitted to pick up the child from care)

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

RESPITE SCHEDULE REQUEST

Please check all applicable days/times:

□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday □ Sunday

Time: □ Morning □ Afternoon □ Evening

Requested Start Date: ____ / ____ / _____

Additional Information:

_____

_____

_____

CONSENT & AUTHORIZATIONS

Medical Treatment Authorization:
□ I authorize Remedy Home Health LLC. to obtain emergency medical treatment for my child.

Photo/Video Release:
□ Yes □ No – I give permission for my child to be photographed or recorded for program use (e.g., newsletters, website, social media).

Transportation Authorization (if applicable):
□ Yes □ No – I give permission for my child to be transported by program staff.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____
Staff Signature (Received by): _____ Date: ____ / ____ / _____