

**2017-2018 AFTER SCHOOL APPLICATION FORM
Grades K-8**

Child #1 _____ Age _____ Grade _____

Child #2 _____ Age _____ Grade _____

Child #3 _____ Age _____ Grade _____

Address _____ City/Zip _____

Parent/Guardian Name(s) _____

Phone numbers where you may be reached during the hours of 2:15-5:30pm:

Mother/Guardian _____ Father/Guardian _____

Work # _____ Work # _____

Cell # _____ Cell# _____

Email _____ Email _____

List any problems at school: _____

Who may pick up your child? _____

Is your child currently on any medication? If yes, please list medication, give dosage and explain usage of the drug: _____

***If we are to administer medication, it must come in the original bottle with dated note.**

Does your child need assistance with homework? _____ What subject(s)? _____

Does your child have any allergies? Please list: _____

What time do you expect to pick your child up in the afternoon? _____

Days child will attend the After Care Program: _____

Things my child likes to do: _____

Skills I would like for my child to develop: _____

Comments/Other Information: