

**College View Academy
After-School Program 2017-2018
Application Form**

Personal Information

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Mother: _____

Father: _____

Address: _____

Billing Email: _____

Main Driver's Phone #: _____

Alternate Driver's Phone #: _____

Emergency Information

Contact/Phone #: _____

Contact/Phone #: _____

Child's Doctor: _____ Doctor's Phone#: _____

Does your child have any food allergies or dietary restrictions? Yes No

Please explain any "Yes" answer here: _____

My child has permission to be released to the following individuals in addition to emergency contact persons listed above.

Name/Relationship: _____

Name/Relationship: _____

Consent: I agree to the terms within this form

Parent's Signature: _____ Date: _____