

College View Academy

After-School Program 2019.2020

Application Form

Personal Information:

Child's Name _____ Grade: _____

Child's Name _____ Grade: _____

Child's Name _____ Grade: _____

Mother _____

Father _____

Address _____

Billing Email _____

Main pick-up name _____ phone: _____

Alternate pick-up name _____ phone: _____

Alternate pick-up name _____ phone: _____

Emergency Information

Contact _____ phone: _____

Contact _____ phone: _____

Contact _____ phone: _____

Child's Doctor _____ phone: _____

Does your child have any food allergies or dietary restrictions? Y N

If Y please explain _____

If I am past 5:30pm to pick up my child(ren) I will be charged a late fee of ??????? per child.

My child(ren) has/have permission to be released to the individuals listed above in the alternate pick-up & emergency contact sections.

I agree to the terms within this form

Parent Signature _____ Date _____