

**College View Academy**  
**After-School Program 2018.2019**  
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 \_\_\_\_\_

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 \_\_\_\_\_