

2015 – 2016

After School Care Application

Covenant Children's Center

2070 Ridgecliff Road, Columbus, OH 43221

614-451-6677 EXT. 23; childcenter@covenantpcusa.org

*Two separate checks must accompany this application. One \$50.00 check for the application fee, and a second \$260.00 check for the first month's tuition. If the program is full, or we are unable to accept your child for any other reason, the \$260 check will be returned to you or shredded. Checks should be made out to Covenant Presbyterian Church.

Child's Information

Name _____

By what name should we call your child during after care? _____

Birthdate _____ Grade for 2015 - 2016 school year _____

School attending _____

Home Address _____

Child lives with (name and relationship) _____

Parent/Guardian Information

Name _____

Relationship to child _____

Home Address if different from above _____

Current Occupation _____

Work Address _____

Home phone _____ Work phone _____ Cell phone _____

Email address _____

Best phone to reach you while your child is in after care? _____

Name _____

Relationship to child _____

Home Address if different from above _____

Current Occupation _____

Work Address _____

Home phone _____ Work phone _____ Cell phone _____

Email address _____

Best phone to reach you while your child is in after care? _____

Parent's Marital Status: ____ Married ____ Divorced ____ Separated ____ Other Guardian

Additional Information

Child's Name _____

What would you like us to know about your child?

Does your child have any food, medication or environmental allergies?

(check yes or no)

Yes _____ No _____

If yes, please explain _____

Does your child have any special health or medical conditions?

(check yes or no)

Yes _____ No _____

If yes, please explain _____

Does your child have any dietary restrictions for medical, religious or cultural reasons?

(check yes or no)

Yes _____ No _____

If yes, please explain _____

Emergency Contacts

Parents **cannot be listed** as emergency contacts. List the name of at least one person over 18 years of age who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of Covenant Presbyterian Church, and be able to take responsibility for your child in case the parent/guardian cannot be contacted.

Name _____

Name _____

Address _____

Address _____

Phone number(s) _____

Phone number(s) _____

Person completing this form (printed name) _____

Signature _____ Date _____