

**2017 – 2018**  
**After School Care Application**  
**Covenant Children's Center**  
**2070 Ridgecliff Road, Columbus, OH 43221**  
**614-451-6677 EXT. 23; [childcenter@covenantpcusa.org](mailto:childcenter@covenantpcusa.org)**



\*Two separate checks must accompany this application. One \$50.00 check for the application fee, and a second \$265.00 check for the first of 9 monthly tuition payments. If the program is full, or we are unable to accept your child for any other reason, the \$265 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 2017 - 2018 school year \_\_\_\_\_

School attending \_\_\_\_\_

Home Address \_\_\_\_\_

Child lives with (name and relationship) \_\_\_\_\_

### **Parent/Guardian Information**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Address (if different from child's) \_\_\_\_\_

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 child's) \_\_\_\_\_

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** \_\_\_\_\_