

2018 – 2019

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 non-refundable application fee, and a second \$275.00 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 \$275 check will be returned to you or shredded. Checks should be made out to Covenant Presbyterian Church. **There is also an annual \$50 non-refundable transportation fee for children needing transportation from Tremont or Wickliffe Elementary Schools to Covenant's after school program. The transportation fee is due no later than the first day of school (August 14, 2018.)**

Child's Information

Name _____
By what name should we call your child during after care? _____
Birthdate _____ Grade for 2018 - 2019 school year _____
School attending _____
Home Address _____
Child lives with (names and relationships) _____

Parents'/Guardians' 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? _____

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Home Address (if different from child's) _____
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Best phone to reach you while your child is in after care? _____

Parent's Marital Status: ___ Married ___ Divorced ___ Separated ___ Other

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 _____