

After School Care Application

2019 – 2020 School Year

Covenant Children's Center

2070 Ridgecliff Road, Columbus, OH 43221

childcenter@covenantpcusa.org

614-451-6677 EXT. 23



To apply, return the completed application form and the \$50 non-refundable family application fee. The check should be made out to Covenant Presbyterian Church and must include your child's name and the program(s) to which you are applying.

TUITION AND ADDITIONAL FEES

Full-time Tuition:

4 or 5 days a week \$290/month x 9 months (\$2610 total tuition)

Part-time Tuition:

3 days a week \$195/month x 9 months (\$1755 total annual tuition)

2 days a week \$135/month x 9 months (\$1215 total tuition)

1 day a week \$70/month x 9 months (\$630 total tuition)

Transportation fee: \$50 (total) from Tremont or Wickliffe (no fee for Windermere transport)

ENROLLMENT PREFERENCES

_____ Full-time (4 or 5 days per week)

_____ Part-time (1 - 3 days per week) Circle the days you would prefer: M Tu W Th F

Do you have flexibility in the days of the week? Yes/No

_____ Transportation from Tremont or Wickliffe

Child's Information

Name _____ M/F _____ Birthdate _____

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

Grade for 2019 - 2020 school year _____

School attending _____

Home Address _____

Child lives with (names and relationships) _____

Does your child have any food, medication or environmental allergies? Yes _____ No _____

If yes, please explain _____

Does your child have any special health or medical conditions? Yes _____ No _____

If yes, please explain _____

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

Yes _____ No _____ If yes, please explain _____

Additional Information

Child's Name _____

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

What else would you like us to know about your child?

How did you hear about our program? _____

Emergency Contact Information

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 _____