



Covenant Love Community School
2016/2017 After School Program Application

Child's Name: _____ Date of Birth: _____

Home Address: _____

Parent/Guardian Email address: _____

Phone numbers (W) _____ (C) _____ (H) _____

Emergency Contact 1: _____

Name

Phone

Emergency Contact 2: _____

Name

Phone

Emergency Information/ health concerns / allergies: _____

Tell me about your child

Favorite Food/Snacks: _____

Favorite things to do: _____

Nickname: _____

Other pertinent information: _____

I understand and agree to the 2016/17 After School Pricing and Terms.

Signature of parent or guardian

Date