



Covenant Love Community School 2020-2021

AfterSchool Care 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 us about your child:

Favorite Food/Snacks: \_\_\_\_\_

Favorite things to do: \_\_\_\_\_

Nickname: \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand and agree to the 2020-21 AfterSchool Care Pricing and Terms.

\_\_\_\_\_

Signature of parent or guardian

Date