

CHP-G After School Application

Child's Name: _____ Date: _____

Address: _____

School Name & Contact info: _____

Teacher Name & Contact Info: _____

\$150 Week, Mon through Fri (5 Days) ☐ \$90 Week, Mon, Wed & Fri (3 Days) ☐

First week's tuition is due upon registering. Weekly tuition is due each Monday.

Parent's E-Mail Address: _____

Child's Date of Birth: _____ M or F _____

- Mother's Name: _____
- Cell # _____ Work # _____
- Father's Name: _____
- Cell # _____ Work # _____
- Other Contact: _____ Relationship _____
- Cell # _____ Work # _____
- Family Doctor Name and Phone: _____
- Family Hospital: _____
- Does your child have any conditions that will prevent Him/Her from participating in physical activity? _____
- If Yes, please explain: _____
- Is your child on any medication? _____
- If Yes, please list: _____
- Child's known allergies: _____
- Pick Up Information. I release my child to be picked up by the following: _____

(Parent/Guardian Signature)

(Date