



CAMBRIDGE CHRISTIAN ACADEMY AFTER SCHOOL PROGRAM

APPLICATION FORM

Section 1: General Information

<u>Child/Children's Name:</u>	<u>Grade</u>	<u>Age</u>	<u>Date of Birth</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Section 2: Parent or Guardian

1. Name: _____ Phone: _____

Address: _____

Employer Name: _____

Employer Address: _____

Work Hours: _____ Work Phone: _____ Cell Phone: _____

2. Name: _____ Phone: _____

Address: _____

Employer Name: _____

Employer Address: _____

Work Hours: _____ Work Phone: _____ Cell Phone: _____

I agree to be responsible for the payment of the Cambridge Christian Academy After School tuition payment due the beginning of the month or at time of services.

Parent/Guardian Signature: _____ Date: _____

CHILD/CHILDREN'S NAMES:

CHOICE OF DAYS

Please check and fill in lines that apply:

5 Days per week	Monday through Friday _____
4 Days per week	Which (4) Days? _____
3 Days per week	Which (3) Days? _____
2 Days per week	Which (2) Days? _____
1 Day per week	Which day? _____

Time of child/children's pick up from the program: _____

A late charge of \$10.00 will apply for late pick-up.

Photographic Permission: I give permission to have my child appear in any media coverage approved by Cambridge Christian Academy.

_____ Yes _____ No