



COLUMBUS

Christian Academy

EXTENDED CARE APPLICATION

School Year 20__-20__ Grade Entering _____

Child's Name _____ DOB _____

Address _____ Hm. Ph. _____

Mother's Name _____ Cell Phone _____

Employer _____ Wrk. Phone _____

Father's Name _____ Cell Phone _____

Employer _____ Wrk. Phone _____

Allergies _____

In case of emergency and parents cannot be contacted, please list an alternate contact that can pick up your child:

Name _____ Hm./Cell Ph. _____

Relationship to Student _____ Wrk. Ph _____

Name _____ Hm./Cell Ph. _____

Relationship to Student _____ Wrk. Ph. _____

(Individuals listed on your application form under transportation will be used for extended care pick-up authorization.)

Please select the days that your child will be attending extended care:

M ___ T ___ W ___ TH ___ F ___ or Drop In _____ Pick Up Time: _____

Will your child need early care? (6:35-7:30 A.M.): Yes or No

Parent's Signature

Date