



# COLUMBUS

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## Christian Academy

### EXTENDED CARE AND EARLY CARE APPLICATION

Please complete this application if your child will need Extended Care or Early Care

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 \_\_\_\_\_

**Will your child need early care? (6:35-7:30 A.M.):** Yes or No  
**Please select the days your child will need early care:**

M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_ or Drop In \_\_\_\_\_

**Will your child need extended care? (3:30-5:30):** Yes or No  
**Please select the days that your child will be attending extended care:**

M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_ or Drop In \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

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

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

Name \_\_\_\_\_ Hm./Cell Ph. \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Wrk. Ph \_\_\_\_\_

Name \_\_\_\_\_ Hm./Cell Ph. \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Wrk. Ph. \_\_\_\_\_

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Parent's Signature

Date