

Bus Rider?  Yes  No  
What campus does your student attend?  
\_\_\_\_\_

Date \_\_\_\_\_

Note:  Please check here if you have already filled out an Application with the Academy and just fill out your student's name below and read and sign the back of this application.

### COST

#### AFTER-SCHOOL CARE

PreK-12th Grade:

Weekly Fee Per Student: \$50

### STUDENT INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Age \_\_\_\_ Sex \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Grade Completed \_\_\_\_\_

### FAMILY INFORMATION

Father's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Telephone number other than those already listed:  
\_\_\_\_\_

### APPROVED PICK UP

List those who have permission to pick up your child (other than parent):

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Anything we need to be made aware of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL INFORMATION

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Does student have any physical disabilities or allergies? ( ) Yes ( ) No

Explain \_\_\_\_\_



"I hereby pledge to pay my financial obligations to the school on the date due and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account.

"I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor

to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my student.

"I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid .

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

## AFTER-SCHOOL APPLICATION

