After School Application Form

Name of Applicant (child) _____
Last *First* *Middle*

Date of Birth (MM/DD/YY): _____

Mailing Address: _____

_____

Home Phone: _____

Parent/Guardian information:

Parent 1: _____

Preferred Email: _____

Cell Phone: _____ Work Phone: _____

Parent 2: _____

Preferred Email: _____

Cell Phone: _____ Work Phone: _____

After School hours are from 2:15 – 6:00 pm. Fees are $450/month.

Does your child have any special health problems or other conditions that might affect his/her child care? Please describe.

Children depart from College Heights between 2:00 – 2:15 PM

☐ I hereby give consent for my child to be transported and supervised by The Phoenix School's contracted transportation service.

☐ Registration must be fully completed prior to my child attending the after-school program.

_____ _____
Signed Date

_____ _____
Printed Name Your relationship to child

*Please submit your completed application form with your **$100 Application Fee** (non-refundable). Payment may be made through Paypal using our accounting@thephoenixschool.com address. Thanks!*

***Transportation is only available from College Heights Early Childhood Learning Center.**