

Columbia Community Unit School District #4

THE EAGLE ZONE

After School Care Program

Grades K – 4

Application Form

Student's Name: _____ **Date of Birth:** _____
Home Address: _____ **City:** _____
Student's Grade for year applying: _____

Indicate the days of attendance:

Full Time: _____ **Five Days** _____ **Four Days** (Circle days: M T W Th F)
Part Time: _____ **One to Three Days** (Circle days: M T W Th F)

Parent/Guardian Information #1

Name: _____ **Relationship to Child:** _____
Home Phone: _____ **Cell Phone:** _____
Work Phone: _____ **Email:** _____

Parent/Guardian Information #2

Name: _____ **Relationship to Child:** _____
Home Phone: _____ **Cell Phone:** _____
Work Phone: _____ **Email:** _____

Authorized for Pick Up / Emergency Contacts

Children will not be released to anyone unless they are listed on this form.
These persons may be contacted for emergencies if parents cannot be reached.

Authorized Contact #1

Name: _____ **Relationship to Child:** _____
Phone: _____

Authorized Contact #2

Name: _____ **Relationship to Child:** _____
Phone: _____

Authorized Contact #3

Name: _____ **Relationship to Child:** _____
Phone: _____

Emergency Medical Information (allergies, etc.)

