

DARNELL COOKMAN AFTER SCHOOL PROGRAM APPLICATION

GRADE _____ ENROLLMENT DATE _____ WITHDRAWAL DATE _____

CHILD'S NAME _____
(LAST) (FIRST) (MIDDLE)

BIRTH DATE: _____ STUDENT NUMBER _____

MOTHER'S NAME _____ FATHER'S NAME _____

HOME ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE # _____

MOTHER'S EMPLOYER _____

FATHER'S EMPLOYER _____

MOTHER'S CELL NUMBER: _____ FATHER'S CELL NUMBER: _____

E- MAIL ADDRESS: _____

CHILD'S PHYSICIAN: _____ PHONE # _____

SPECIAL MEDICAL OR OTHER NEEDS THAT WILL HELP US TO BETTER SERVE YOUR CHILD:

OTHER PERSON(S) TO BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT AND PERMITTED TO REMOVE CHILD FROM SCHOOL:

NAME: _____ PHONE # _____ ADDRESS: _____

NAME: _____ PHONE# _____ ADDRESS: _____