

**Before / After School Care Enrollment Application
2016-2017**

CHILD'S NAME(S)

(LAST) (FIRST)

(GRADE) (TEACHER) (DOB)

(LAST) (FIRST)

(GRADE) (TEACHER) (DOB)

PARENT INFORMATION:

NAME(S) _____

PHYSICAL ADDRESS _____

MAILING ADDRESS/P.O. BOX _____

PHONE _____
(WORK) (HOME) (CELL)

Your family has utilized this service in the past (Circle one): Yes No
If YES- How often? _____

**** I WOULD LIKE CHILDCARE SERVICES ON THE FOLLOWING DAYS:**
Please circle all that apply.

Before School Care: Mon. Tues Wed. Th. Fri.

Approximate arrival time: _____

After School Care: Mon. Tues Wed. Th. Fri.

Approximate departure time: _____

Please list names and phone numbers of those who will be picking up student from childcare if other than parent:

(NAME)

(PHONE)

(NAME)

(PHONE)

Please give a written detailed explanation of why your child/family is in need of the Before/After School Care Program offered by Cross County Community School:

***** REMINDER: Just because an application was submitted, does NOT guarantee your family will be selected based on the qualifying criteria.**

(PARENT SIGNATURE)

(DATE)