

Varenes Heights Baptist Church Child Development Center
After School Application Form

DATE: _____

Please indicate the school your child attends?

- McLees Academy of Leadership
- Varenes Academy of Communications and Technology
- Homeland Park Primary
- Starr Elementary
- Flat Rock Elementary



Child's Name: _____ AGE: _____

Address: _____

Home Phone: _____ Birthdate: _____ Start Date: _____

Child's Teacher: _____ Grade: _____

Father's Name: _____ Employed By: _____

Work Phone #: _____ Cell Phone #: _____

Mother's Name: _____ Employed By: _____

Work Phone #: _____ Cell Phone #: _____

Marital Status of Parents: () Married () Separated () Divorced () Other _____

Person Having Custody of Child: _____

Name and ages of brothers and sisters living in the home: _____

If parents cannot be reached, please list two emergency contacts for your child/children:

1. Name: _____ Phone: _____

Address: _____ Relation: _____

2. Name: _____ Phone: _____

Address: _____ Relation: _____

Child's Physician: _____ Phone: _____

Name of people authorized to pick up your child/children besides parents: _____

Please list any important facts that we should know about your child: _____

_____ has my permission to go on any class related field trips for which prior notice has been given.

_____ (initial) I understand that a **non-refundable** registration fee must accompany this application.

Parent's Signature: _____