



**Enrollment Application
School-Aged Children**

Office use only

Date Received: _____

Check #: _____

Tour Date: _____

Enrolled: _____

Child's Full Name: _____ **Nickname:** _____

Today's date: _____ Enrollment for School Year –2024-25 **Program Start date: August 8, 2024**

Date of Birth: _____ What grade is your child in? _____

____ No, my child will not attend CCP's after-school program.

Parent Contact Information

Home Address _____ City _____

Zip: _____ Phone: _____

Parent(s) Guardian(s)

Name:	Name:
Relationship to child:	Relationship to child:
Occupation	Occupation
Employer	Employer
Cell phone	Cell phone
Email	Email

Parent Marital Status: ☐Single ☐Married ☐Divorced ☐Separated ☐other

How did you hear about the CCP After School Program? _____

What Schedule are you requesting?

(2:25pm-6:00pm) _____ M-F _____ 3 days (indicate which 3 days) _____ 4 days (indicate which 4 days)

No Application Fee is required for re-enrollment in the School-Aged classroom.

Parent Signature

Date

Return this completed form by February 15th