



**School-Aged Program
Enrollment Application**

<i>Office use only</i>
Date Received: _____
Check #: _____
Tour Date: _____
Enrolled: _____

Child's Full Name: _____ Nickname: _____

Today's date: _____ Enrollment for School Year –2026-27 Program Start date: **August 6, 2026-May 28, 2027**

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

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?

(12:30-6:00) _____ M-F _____ 3 days (indicate which 3 days) _____ 4 days (indicate which 4 days)

A one-time **non-refundable \$50.00 Application Fee** must accompany your initial application.

Parent Signature

Date