



**School-Aged Program  
Enrollment Application**

*Office use only*  
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