

Cherub's Learning Center
After School Enrichment Program - Student Application
2007-2008

Date of Application _____ Grade _____ School: _____

Legal Name of Student _____
Last Middle First Nickname

Gender: Male Female Date of Birth _____ Place of Birth _____ Age _____

Student living with: Father (name) _____ Mother (name) _____ Other _____

Home Address _____
Number Street Apt. #

_____ City Zip Home Phone #

Emergency Phone Numbers: (Parents will be contacted first. If parent is not available, "Other" will be notified.)

Father _____
name work mobile other

Mother _____
name work mobile other

Other _____
name/relationship work mobile other

Other _____
name/relationship work mobile other

Family Physician _____
Name Phone Address

Indicate physical problem by a check: hearing heart sight speech other _____

Allergies: Food _____ Medication: _____ Other allergies _____

If on regular medication, please specify _____

Is child limited in physical activities? _____ What are his/her limitations? _____

In the event of sudden illness or accident requiring attention, camp personnel are authorized to administer first aid, and/or take my child for emergency treatment.

Signature of Parent/Legal Guardian _____

I agree to be responsible for paying the registration and weekly fees for the After School Enrichment program. I agree to waive and release the Cherub's Learning Center and its employees from any claims or liabilities arising from my child's participation in the After School Enrichment program or any injury resulting therefrom. I agree to indemnify and hold harmless the Cherub's Learning Center from and against any and all such claims. I understand and agree that by signing this waiver, I am freeing the Cherub's Learning Center from any liability resulting from my child's participation in this program. I agree to support Center regulations and to accept financial obligations for this child.

Parent/Legal Guardian Signature _____ Date _____

OFFICE USE ONLY
Date of Registration _____ registration fee paid _____ cash/check# _____ multi-child _____
rate: _____ (per week) Summer Camp: yes/no School: _____ Teacher: _____
Teacher contact: School phone _____ Mobile: _____ e-mail: _____