2017-18 School Year

After School Program Pre-Application

| Рагени иногинации | Parent Information — — — | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------|--|
| Parent / Guardian(s) Name | | Contact Number | | | |
| Email Address | | Alternate Number | | | |
| Mailing Address | | Best Time to Call ☐ Morning ☐ Afternoon ☐ Evening ☐ Anytime | | | |
| City, St Zip Code | | Was your child(ren) enrolled in AEP last year? [] Yes, We are a RETURNING family. [] No, We are NEW to the program. | | | |
| Student Information | | | | | |
| 1 Student Name | | School | | Grade | |
| 2 Student Name | | School | | Grade | |
| Student Name | | School | | Grade | |
| 4 Student Name | | School | | Grade | |
| 5 Student Name | | School | | Grade | |
| Thank you for your interest in our Acade be in contact with you within 48 hours to Please note: Enrollment Interviews type enrollment packets. It is suggested to ant | schedule an Enrollme r ically last at least one (1 | nt Interview.) hour. We encour | age you to arrive early in order to | | |
| The following items MUST be presented for all children enrolling in the program at the time of your appointment. | | | | | |
| [] Social Security Number [] Student Identification Nu | | | imber [] Student last Report Card (* except students entering Kindergarten) | | |
| Failure to provide any of the above listed items at the time of your appointment will automatically result in rescheduling of you appointment. Rescheduled Enrollment Interviews will be placed on the waiting list. | | | | | |
| I / We the undersigned, understand that ment Program does not guarantee my chi regulations which have been adopted by | ild(ren) admission. I ha | ve read or do here | by agree to follow the accompany | ing rules o | |
| (Parent/Guardian Signature) | | | (Date) | | |
| OFFICE USE ONLY Received By: | | | Date: | | |
| Appointment Date & Time | | | Staff Initial: | | |





