

**A&K FAMILY LEARNING PLACE, INC**

**PROGRAM APPLICATION**

**PROGRAM SELECTION (Check program choice)**

|                          |                                    |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Before and /or Afterschool Program |
| <input type="checkbox"/> | Transportation                     |
| <input type="checkbox"/> | Summer Enrichment Camp             |
| <input type="checkbox"/> | School Field Trip                  |
| <input type="checkbox"/> | Holiday Fun Camp                   |
| <input type="checkbox"/> | Corporate Field Trip               |
| <input type="checkbox"/> | Day Care (Coming Soon)             |

If you have more than one child, please complete separate application for each child.

**STUDENT INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

**PARENT /GUARDIAN CONTACT INFO**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_ Bus: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact (1) (If parent can not be contacted)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact (2) (If parent can not be contacted)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

**AUTHORIZED PICKUP**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Relationship: \_\_\_\_\_