

# Cincinnati Christian Schools Elementary After School Care Application

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Nickname

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zipcode

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

**Emergency Contact Numbers** (at least 3 must be provided)

1. \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

2. \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

3. \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

4. \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

**My child may be released to the following people:**

1. \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

2. \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

3. \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

I understand that I am responsible for paying for all After School Care fees on a timely basis. By the signature below, I agree to comply with all the Policies and Procedures of the After School Care program of Cincinnati Christian Schools. I understand that all of the behavior/discipline regulations found in the elementary handbook are also applicable. I understand that failure to comply with these policies may result in expulsion from the After School Care program.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date