

A.L.U. APPLICATION 2018/2019

School Name:

Student's Name _____ Age _____ B.D. _____ Grade _____

Address _____ Zip _____

Phone _____ Teacher's Name _____ Class _____

1) Parent's Name _____ Work Phone _____

Employer _____ Cell/Other# _____

1) Parent's Email address _____

2) Parent's Name _____ Work Phone _____

2) Parent's Email Address _____

Employer _____ Cell/Other# _____

If neither can be reached, contact _____

Day Phone(s) _____ Eve. Phone _____

2) Parent's address & phone, if different from student's _____

Doctor's Name _____ Phone _____

My child has permission to: ___ Walk home ___ Take the bus home ___ Leave with (other than parents): Name _____ Phone _____

Name _____ Phone _____

Parent's Signature _____ Date _____

My child will attend **A.L.U.** Before School: ___ M ___ T ___ W ___ R ___ F

Usual daily arrival time _____ a.m. Date to start attending _____

My child will attend **A.L.U.** After School: ___ M ___ T ___ W ___ R ___ F

Usual daily pick up time _____ p.m. Date to start attending _____

Allergies/Medication/

Concerns _____

Comments _____

A.L.U. has my permission to use photos or video of my child (without their name), for promotion, fundraising or on the A.L.U. website, without compensation.

I have read and agree to the "Program Details."

Parent's Signature _____ Date _____

(Please note: A copy of your child's medical exam, emergency card, and registration fee are required to complete registration.)