

A.L.U. APPLICATION 2019/2020

**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.)**