

A.L.U. APPLICATION 2022/23

Name OF School:

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.)**