



## 21st Century Community Learning Centers After School Program October 1, 2017-June 11, 2018 Cohort 7

## STUDENT APPLICATION AND RELEASE OF INFORMATION FORM

**Student/Parent/Guardian:** Thank you for your interest in the program! We will contact you with your child's start date since placement is dependent on available slots. Students may be placed on a waiting list.

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	STUDENT	INFORMATION	<u> </u>	<u> </u>
Student ID#	Student Name	School	Grade	Date of Birth
	PARENT / GUARDIAN	N CONTACT INFORMATION	ON	
Parent/Guardian N				
Home Address:		Email:		
Mother Phone Number		Father Phone Number		
Home:	Cell:	Home:	Cell:	
Emergency Contact #1 Name:		Emergency Contact #1 Phone:		
Emergency Contact #2 Name:		Emergency Contact #2 Phone:		
Please list any <b>alle</b>	rgies your child has:			
Please list anything	g we should know about your child:			
	CONSENT/RELE	ASE OF INFORMATION		
2331 Pennsylvania	ission for my child to be interviewe a Avenue, Philadelphia, PA 19130, to Program. □ YES □ NO			<del>-</del>
Parent/Guardian Name (Printed)		Parent/Guardian Signature		
Student Name (Printed)		Student Signature		

For more information, please contact April McGovern, Project Coordinator, at 484-765-4094 or mcgoverna@allentownsd.org