



## 21st Century Community Learning Centers **After School Program** September 11, 2017-June 11, 2018 **Cohort 8**

## 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

	lacement is dependent on available s	1 0	,	,
		INFORMATION		
Student ID#	Student Name	School	Grade	Date of Birth
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Parent/Guardian N	rame:			
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/RELEA	SE OF INFORMATION		
2331 Pennsylvania	ission for my child to be interviewed Avenue, Philadelphia, PA 19130, to o Program.	•		-
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