

E/R APPLICATION

Student: _____ D. O.B.: _____

last name first name

Address: _____ City: _____ Zip: _____

ENRICHMENT

__ MATH

__ LANGUAGE ARTS

__ READING COMPREHENSION

__ WRITING

REMEDIAL

__ MATH

__ LANGUAGE ARTS

__ READING COMPREHENSION

__ WRITING

*****Number of Weeks Attending Program:** _____

School attending in September: _____ Grade: _____

Mother's Name: _____ Cell #: _____

Father's Name: _____ Cell #: _____

Emergency Name & #: _____

Child's Allergies: _____

Any other medical alerts: _____

Authorized pick-up person(s):

Parent Signature: _____ Date: _____

Office Use Only

Payments _____

Medical Rec'd. _____