

After School Program Application

2021 – 2022 School Year

Covenant Presbyterian Church

2070 Ridgecliff Road, Columbus, OH 43221

childcenter@covenantpcusa.org

614-451-6677 EXT. 23



FEES – A \$75 non-refundable application fee must be submitted to complete your application process. There are no supply or transportation fees. There is an extra fee of \$15 for attendance on early release days in Sept. 2021 and Feb. 2022.

TUITION – Tuition is calculated as an annual cost for the school year, divided into 9 monthly payments for ease of payment. The cost is approximately \$7.50 per hour.

PAYMENT – Payments may be made by check payable to **Covenant Presbyterian Church**, or by using Zelle. Covenant's special and secure email address for Zelle payments is: giving@covenantpcusa.org. Enter the amount you wish to send AND include your child's name on the memo line with a note that this is an application fee for the Children's Center.

ENROLLMENT PREFERENCES – Program Hours: 2:50 – 6:00 pm. The After School program follows the Upper Arlington Schools calendar in closing for breaks and other in-service or conference days.

_____ Full-time (4 or 5 days per week) \$450/mo

_____ Part-time (3 days per week) \$270/mo Circle the days you would prefer: M Tu W Th F

_____ Part-time (2 days per week) \$180/mo Circle the days you would prefer: M Tu W Th F

Do you have flexibility in the days of the week? Yes/No

Child's Information

Name _____ Gender _____ Birthdate _____

By what name should we call your child during after care? _____

Grade for 2021 - 2022 school year _____ Elementary School _____

Home Address _____

Child lives with (names and relationships) _____

Does your child have any food, medication or environmental allergies? Yes _____ No _____

If yes, please explain _____

Does your child have any special health or medical conditions? Yes _____ No _____

If yes, please explain _____

Does your child have any dietary restrictions for medical, religious or cultural reasons?

Yes _____ No _____ If yes, please explain _____

Additional Information

Child's Name _____

Parent/Guardian Information

Name _____

Relationship to child _____

Home Address (if different from child's) _____

Current Occupation _____

Work Address _____

Home phone _____ Work phone _____ Cell phone _____

Email address _____

Best phone to reach you while your child is in after care? _____

Name _____

Relationship to child _____

Home Address (if different from child's) _____

Current Occupation _____

Work Address _____

Home phone _____ Work phone _____ Cell phone _____

Email address _____

Best phone to reach you while your child is in after care? _____

Parent's Marital Status: ___ Married ___ Divorced ___ Separated ___ Other

Family religious preference or affiliation: _____

What else would you like us to know about your child?

How did you hear about our program? _____

Person completing this form (printed name) _____

Signature _____ Date _____