



**Grades Aftercare  
2017-2018 Application Form**

**OFFICE USE ONLY**

Date received \_\_\_\_\_ Received by \_\_\_\_\_

\$100 deposit received

Confirmation email sent

Student Information				
Child's Full Name (First Middle Last)		Please call my child by this name:		Grade and Teacher Name:
Child's Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Female <input type="checkbox"/> Male	Lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other		
Custody arrangement _____				
Parent/Guardian 1 Information <input type="checkbox"/> Check if address is same as child's address				
Name		Relationship		Spouse
Home Address		City	State	Zip Code
Main Contact Telephone	Mobile Telephone	Email Address		
Place of Employment		Occupation		Work Telephone
Parent/Guardian 2 Information <input type="checkbox"/> Check if address is same as child's address				
Name		Relationship		Spouse
Home Address		City	State	Zip Code
Main Contact Telephone	Mobile Telephone	Email Address		
Place of Employment		Occupation		Work Telephone
Emergency/Transportation Contacts (other than parents)				
The following are authorized to pick up my child or to be contacted to act on my behalf in an emergency. Parents/Guardians SHOULD NOT include themselves in this section.				
Name	Relationship	Work/Day Telephone	Home Telephone	Mobile Telephone
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Transportation Release				
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Transportation Release				
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Transportation Release				
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Transportation Release				

I have read the information provided about fees and behavioral expectations. I agree to abide by the rules set forth in the Process for Grades Aftercare Enrollment.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Parent or Guardian's Name (Printed)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Jennifer Fedewa, Director  
THE WASATCH FAMILY FOUNDATION