

Agape Academy

Loving God, Loving Children, Teaching & Reaching Our World

SUMMERFEST PROGRAM 2018

STUDENT INFORMATION

Student Name: _____
Last First Middle

Address: _____

City/State/Zip Code _____ **Contact Phone #** _____

DOB ____/____/____ Child is: Male Female **Grade Entering in Aug 2018** _____

PARENT/GUARDIAN INFORMATION

Mother's/Guardian Name: _____

Mother's/Guardian Cell # ____/____/____ **work #** ____/____/____

Mother's/Guardian Email Address _____

Mother's/Guardian Address _____
City State Zip Code

Mother's Occupation _____ Consent to pickup

Father's/Guardian Name: _____

Father's/Guardian Email Address _____

Father's/Guardian Cell # ____/____/____ **work #** ____/____/____

Father's/Guardian Address _____
City/State/Zip Code

Father's/Guardian Occupation _____ Consent to pickup

Marital Status: Married Single Divorced Widowed circle one

EMERGENCY CONTACT & CONSENT TO PICK UP INFORMATION

Your child will only be released to the persons listed above and those authorized below. If the person below is also to be used as an emergency contact, please check the circle below.

Name _____ Contact # _____ Relation _____ consent to pickup

Name _____ Contact # _____ Relation _____ consent to pickup

Before a new student begins our program, an interview and meeting with our principal must be scheduled. Please call the office to set the appointment which is best held from Mon-Thur 2pm-3pm. Office # 501-225-0068