Agape Academy

Loving God, Loving Children, Teaching & Reaching Our World

For Office Use Only
Regist Pymt Amt $_____ ck# _____
CC O Cash O

1st Tuition Pymt Amt $_____ ck# _____
CC O Cash O

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SUMMERFEST PROGRAM 2019

FAMILY INFORMATION

Student Name: _____
First Middle Last

Address: _____ City/State/Zip Code _____

DOB _____/____/_____ Child is: Male ◯ Female ◯ **Grade Entering in Aug 2019** _____

PARENT/GUARDIAN'S INFORMATION

Mother/Guardian's Name: _____

Mother's/Guardian Cell #_____/_____/_____ (*mandatory*) **work #** _____/_____/_____

Mother/Guardian's Email Address _____

Mother/Guardian's Address _____
Full physical address if different than child's

Mother's Occupation _____ Consent to pickup ◯

Marital Status: Married Single Divorced Widowed circle one

Father/Guardian's Name: _____

Father/Guardian's Email Address _____

Father's/Guardian Cell # _____/_____/_____ (*mandatory*) **work #**_____/_____/_____

Father/Guardian's Address _____
Full physical address if different than child's

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