CSC/University School's Enrichment & Recreational Program

PO Box 70434 • Johnson City, TN 37614 | 423.439.4888

date received _____ received by _____ registration fee received _____

Child (please complete each field)

child's name: (last) _____ (first, m.i.) _____

date of birth: _____

Parent/Guardian

Mother/Guardian _____ email _____

home address _____ city/zip _____

home phone _____ cell _____ work _____

Father/Guardian _____ email _____

home address _____ city/zip _____

home phone _____ cell _____ work _____

Emergency Contact

name _____ relationship _____

home address _____ city/zip _____

home phone _____ cell _____ work _____

Pick-Up List **(Child cannot leave the program without written permission or phone call from responsible person. Picture ID will be checked.)**

Name _____ **cell phone** _____ **alt. phone** _____

Name _____ **cell phone** _____ **alt. phone** _____

Health Concerns

Please list any behavioral, medical, physical, emotional or other special need(s):

_____

_____

Allergies/Sensitivities/Preferences:

_____

Fees: **A non-refundable registration fee of $10 must accompany this application for processing to begin.**

(please check one): ___ Fulltime M-F $50 per week $425 for entire 9-weeks session

___ Part-time (2 or more days/week on a consistent basis)

(please circle) Mon Tues Wed Thurs Fri $11/day

___ Drop-in (no more than once/week with 1-day written notice) $12/day

I have read and understand the information outlined in this application and authorize medical care if necessary.

_____ _____

Applicant's Signature **Date**