

JT Locke Resource Center, Inc.
Afterschool Program Application

Please Answer All Questions

Date: _____

Child's Name: _____

Date of Birth: _____

Street Address: _____

Daytime Phone: () _____

City: _____ Zip: _____

Evening Phone: () _____

E-mail Address of Parent(s): _____

Gender: Male Female Names & Ages of Other Children Living in the Home: _____

Name of Parent(s)/Legal Guardian of Minor Child: _____ **Age:** _____

Home Phone: _____ Business Phone: _____

Employer: _____

Occupation: _____ Hours: _____

CHILD MEDICAL HISTORY

Allergies (Food or Environmental) for this child: Yes No If yes name foods or conditions _____

Other Medical Conditions for this child Yes No If yes specify condition _____

GENERAL INFORMATION about SCHOOL

School: _____ Current Grade: _____ Teacher: _____

Best subject(s) in school: _____

Worst subject(s) in school: _____

Difficulty completing timed tests? YES NO Speech or language problem? YES NO

Attention Span: Excellent About Average Short

Written work: Neat/Organized About Average Messy/disorganized

Follows directions: Easily In between Has Difficulty

Reading and/or writing: Few or no reversals Some Reversals Many reversals

Vocabulary: Good Verbal Expression Some difficulty Much difficulty

Please provide any additional information: _____

Parent/Guardian Signature _____