



## Application

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### Student's Name

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

### Family Information

Parent/Guardian Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Best Contact #: \_\_\_\_\_

Alt#: \_\_\_\_\_ Relationship to Child/ren: \_\_\_\_\_