



# ROYALTY LEARNING CENTER

## After-Care Program Application

### Child Information

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

### Parent/Guardian Info

Mother: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Father: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Can we contact you through text message? YES  NO  Comments: \_\_\_\_\_

### Emergency Contacts

*In case of an emergency list two other emergency contacts.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email (Optional): \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email (Optional): \_\_\_\_\_ Phone: \_\_\_\_\_

### Additional Comments

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_