



Wake Harvest Before/After School Program Application

Parent/Guardian #1 Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Social Security No.: _____ Occupation: _____

Employer Name & Address: _____

Race: _____ Ethnicity: _____

Wake Harvest is an equal opportunity organization. Race and Ethnicity is strictly used for gathering data.

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

Parent/Guardian #2 Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Social Security No.: _____ Occupation: _____

Employer Name & Address: _____

Race: _____ Ethnicity: _____

Wake Harvest is an equal opportunity organization. Race and Ethnicity is strictly used for gathering data.

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

Student Information

Full Name: _____ Gender: _____

DOB: _____ Grade/School: _____

Allergies: _____ Special Needs: _____

Full Name: _____ Gender: _____

DOB: _____ Grade/School: _____

Allergies: _____ Special Needs: _____

Full Name: _____ Gender: _____

DOB: _____ Grade/School: _____

Allergies: _____ Special Needs: _____

Persons Authorized To Pick Child Up

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

2022 – 2023 School Year Plan

Are you seeking a full-time spot for your child? (M-F) YES NO

Do you need before school care? (Drop off 7am – 8am)? YES NO

Do you need after school care? (Pickup times 5pm | 6pm | 7pm) YES NO

Do you want your child to participate in day camps? (Teacher workdays, some holidays, etc.)? YES NO

Is your child vaccinated (Not a requirement)? YES NO

What are the exact hours you are seeking care? Please specify drop off and pick up times. _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

By signing, I am acknowledging I have received the Family Handbook and agree to abide by the rules, policies, and procedures within.

Signature: _____ Date: _____