



A Majestic Place to Call Home...



Cordova Children's After-School Program 2025/2026

Enrollment Application

Date: _____

Grade Entering Fall 2025: _____

Child's Name: _____

DOB: _____

Home Address: _____

Please list any specific academic areas in which your child struggles. We will assist with these skills when time allows: _____

Reading Level: _____

Allergies: _____

Medical Conditions: _____

Parent/Guardian Name(s): _____

Address: _____

Phone 1: _____

Phone 2: _____

Email 1: _____

Email 2: _____

List of Individuals who have permission to pick up your child:

Name

Relationship

Phone

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

WAIVER AND RELEASE FORM
CORDOVA CHILDRENS AFTERSCHOOL PROGRAM 2024
WALKER COUNTY, ALABAMA

I, _____, parent/guardian of _____, give permission for child to participate in the Cordova Children's After-School Program. I understand that the City of Cordova nor Cordova Economic and Industrial Development Authority assumes no responsibility for injuries or illness as a result of his/her participation in the program athletic activities, sports programs, the use of any equipment, exercise or other activities. I understand that in order for my child to receive the best assistance, it is necessary that I disclose any medical or educational diagnosis for my child (ODD, ADD, ADHD, asthma, blindness, etc.), and failure to disclose this information may result in suspension from the program. I acknowledge that I, parent/guardian assume the risk for any and all injuries and all illnesses, which may result from his/her participation in the Cordova Children's After-School Program. I hereby release, acquit, discharge and hold harmless, the City of Cordova, Cordova Economic and Industrial Development Authority, servants, or employees from any and all claims, actions, rights, damages, or compensation whatsoever, which said parent/guardian or said child now have or may hereafter accrue on account of or growing out of any injury or death suffered by said child arising out of or growing out of participation in any program offered by the City of Cordova or Cordova Economic and Industrial Development Authority.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____