

Student Profile	Desired Start Date:							
First Name			M.I.	L	ast			
DOB	Grad	le Entering		Ge	nder: M or F	or F Primary Language		
Address		City					Zip	
Home Phone Siblings Er			rolled in Cougar Club or WVCA?					
Student History								
Has your child previ	ously at	tended Cougar	Club or	Cou	gar Club Cam	ıps?		
Has your child previ	ously at	tended a Child	Care or S	Sum	ımer Care ex	perience	?	
If yes, did your child	have a	positive experi	ence?					
last academic year? What are your child	's stren	gths?						
Has your child ever concern, or have a c				a d	evelopmenta	l or men	tal health	
amily Profile/Autho	rized R	epresentative (Parent/	Gua	rdian)			
Name		MI	Last	,		Rela	tionship	
Address			City			Zip		
Place of Employmer	nt				City			
Home Phone		Cell Phone		Work		rk Phon	e	
Driver's License #		SSN			Child live with the Representative? Y or N			
Email					1 0	11		



Additional Authorized Representative (Parent/Guardian)

Name		MI Last			Relationship		
Address			City		Zip		
Place of E	mployment			City			
Home Phone		Cell Phone	9	Work	Work Phone		
Driver's License #		SSN			Does the child live with the representative? Y or N		
Email		'		<u> </u>			
Please checl	Requested program of		WVCA Cougar (
Selection	Program Option 2021 Cougar Summe	ur Camp			Schedule Monday-Friday 7AM-5:30 PM		
	2021 Cougai Summe 2021 Thanksgiving C	<u>'</u>			11/22-11/24 Full Day Camp		
2022 Spring Break Camp					.8-4/22 Full Day Camp		
l, Cougar Club	to photograph my ch	ild for classro	, give permis om use as an er	ssion for West Prolled student	, Valley Christian Academy t. I further authorize the use tt: Please circle Y (Yes) or N		
Y or N Yearbo	ook						
Y or N Websit	te and Marketing Mater	ials					
Y or N Social	Media Posts						
Y or N Newsle	etter						
Authorized I	Representative Signati	ıre:		Date:			
	ninatory Statement W race, color, nationality	•		_	does not discriminate s, programs, and activities		

accorded or made available to students at this center.