



Christian Pentecostal Afterschool Program

1064 Clinton Avenue - Irvington, New Jersey 07111 Tel. # (973) 399-7000



Deborah Smith, Director
Roberta C. Hardy, Executive Director

Today's Date: _____

Date of Enrollment _____ Child's Social Security # _____

Child's Name _____ D.O. B. _____

Address _____

City _____ State _____ Zip _____

T-Shirt/Smock Size _____ (Please indicate Small, Medium, Large or X-Large)

Name by which child is Most often Called _____

Mother's Name _____

Employed by _____

Employers Address _____

Telephone # _____ Cell# _____ Hours of Employment _____

Father's Name _____

Employed by _____

Employers Address _____

Telephone # _____ Cell# _____ Hours of Employment _____

Emergency Contacts / Pick Up List :

Name: _____ Relation: _____

Address: _____ Telephone# _____ Other# _____

Name: _____ Relation: _____

Address: _____ Telephone# _____ Other# _____

Please indicate any foods that your child may be allergic to. _____

Please indicate any activities that your child may not be able to participate in. _____

Services needed (please check all that apply) _____ **Before-school Care** _____ **After-school Care** _____

Signature: _____ Dated: _____