J-COL School and Academy
2023 Summer School Enrichment Program Application

- ☐ Summer School Program (5th – 8th Grade)
- ☐ Day Care (PreK 3-4 yrs.)

Name of Child:

____

First M. Last

Parent's Names:

____

Father's First Last

Address:

____

____

City State Zip

Phone number:

____

(Home) (Work) (Cell)

____

Mother's First Last

Address:

____

____

City State Zip

Phone number:

____

(Home) (Work) (Cell)

Emergency Contact: ____

Phone Contact: ____

Relationship to Child: ____

Name of school child attends?
____

Grade Level: __________

Teacher's Name: ____

Teacher Contact Info: ____

Area(s) Your Child Need Assistance with:
____
____

Child Allergies: ____

Is your child on any medications (prescribed or over the counter)?
Yes or No

If so, please complete below:
Child Medication: ____
(Staff will be unable to administer medication to your child)

List of Authorized Pick-Ups: *Must bring ID when Picking Up Child

1. ____
2. ____
3. ____