



Thank you for your interest in CCCM's after school program.

Please provide the information below and email it to [presley@chamberscountychildrensmuseum.org](mailto:presley@chamberscountychildrensmuseum.org). Once we receive your information you will be contacted with any additional questions or information we need. Filling out this form does not ensure that your child will have a spot in the program. We ask that you read the Parent Handbook in its entirety to receive all the important information needed for this program. An enrollment form will be provided when your child is accepted.

#### CHILD'S INFORMATION

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Preferred Name (if different): \_\_\_\_\_
- School Name: \_\_\_\_\_
- Any additional information concerning your child:

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#### PARENT/GUARDIAN INFORMATION

- Full Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Phone Number (Work): \_\_\_\_\_
- Phone Number (Mobile): \_\_\_\_\_

- Email Address: \_\_\_\_\_

- Home Address: \_\_\_\_\_

\_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_