



Summer Program Application

Date _____

Name _____ Nickname _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Date of Birth _____ Age _____

Current Grade Level _____ Last School Attended _____

How did you find out about Columbia Academy? _____

What dates would you like to register for? _____

Family Information:

Father's Name

Mother's Name

Spouse, if not child's mother

Spouse, if not child's father

Occupation

Occupation

Employer

Employer

() _____
Work Phone Number

() _____
Work Phone Number

() _____
Cell Phone Number

() _____
Cell Phone Number

/ Email (for announcements and correspondence from Columbia Academy staff)



Confidential Preliminary Health Report

1. Does your child currently have or has he/she ever had physical, mental or emotional difficulties or disabilities or special health problems? If yes, please explain.

2. Does your child have any physical handicaps? If yes, please explain.

3. Are there any restrictions regarding his/her activities? If so, please explain.

4. Is your child currently under medical treatment or medication? If yes, please explain.

I certify that the above is complete and true and that the applicant is a normal child who is a safe companion for the other children.

Signature of Parent or Legal Guardian

Date