



## College For Kids Application

Students First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M F  
 D.O.B: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_ Age \_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Address where child resides: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Child resides with: \_\_\_\_\_

Parents Email Address: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Language spoken most often at home: \_\_\_\_\_

Family physician's name: \_\_\_\_\_ Phone# \_\_\_\_\_

Medical/Health Care Insurance Carrier: HMSA \_\_\_\_\_ Kaiser \_\_\_\_\_ Other \_\_\_\_\_

Important Medical Information (ie food allergies, medication's taken, personal health issues): \_\_\_\_\_  
 \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship: \_\_\_\_\_

Have you attended College for Kids Before? Y N If yes, when? \_\_\_\_\_

Educational information teachers need to know (i.e. learning difficulties or areas of strength & expertise): \_\_\_\_\_  
 \_\_\_\_\_

Activities your child enjoys doing: \_\_\_\_\_  
 \_\_\_\_\_

Any other additional comments: \_\_\_\_\_  
 \_\_\_\_\_

I agree \_\_\_\_\_ I do not agree \_\_\_\_\_ to allow photographs and/or videotape of my child to be used in UH/MCC/VITEC's publications and other marketing or instructional materials.

I agree to have my child enrolled in VITEC/MCC's College for Kids.

\_\_\_\_\_  
 Print Parent Name

\_\_\_\_\_  
 Parental Signature