



Saints Tabernacle Educational Program Application

PreSchool Day School OST Program

Summer Enrichment Application Cover Sheet

Applicant Information:

Application Date: _____

Child's Name: _____

Parent/Caregiver's Name: _____

Relationship to Child: _____

Child's SS#: _____ Child's Date of Birth: ____/____/____

Home Address: _____ Zip Code: _____

Parent/Caregiver's Home Number: _____ Work: _____

Child's School: _____ Child's Gender: ___ Male ___ Female

School Address and Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Child's Ethnicity: ___ African American ___ Asian or Pacific Islander ___ Latino

___ White ___ Biracial ___ Other (please specify) _____

Child's Special Needs: ___ Deaf/Hard of Hearing ___ Developmentally Delayed ___ Homeless

___ Behavioral/Mental Health ___ Substance Abuse ___ Linguistic Minority ___ Allergies

To Be Completed by Administration:

TANF Eligible: ___ Yes ___ No If Yes, check all that apply: ___ Assistance Recipient

___ At or below 400% Federal Poverty Level ___ At or below 235% of Federal Poverty Level

Consent Form Attached: ___ Yes ___ No Discharge Date: ____/____/____

Reason for Discharge: _____