



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