

A.L.U. APPLICATION School Year 2026/2027

School Name: _____

\$30 Registration fee:

Student's Name _____ Age _____ B.D. _____ Grade _____

Address _____ Zip _____

Phone _____ Teacher's Name _____ Class _____

1) Parent's Name _____ Work Phone _____

Employer _____ Cell/Other# _____

1) Parent's Email address _____

2) Parent's Name _____ Work Phone _____

2) Parent's Email Address _____

Employer _____ Cell/Other# _____

If neither can be reached, contact _____

Day Phone(s) _____ Eve. Phone _____

2) Parent's address & phone, if different from student's _____

Doctor's Name _____ Phone _____

My child has permission to: ☐ Walk home ☐ Take the bus home ☐ Leave with (other than

parents): Name _____ Phone _____

Name _____ Phone _____

Parent's Signature _____ Date _____

My child will attend ***A.L.U.*** Before School: ☐ M ☐ T ☐ W ☐ R ☐ F

Usual daily arrival time _____ a.m. Date to start attending _____

My child will attend ***A.L.U.*** After School: ☐ M ☐ T ☐ W ☐ R ☐ F

Usual daily pick up time _____ p.m. Date to start attending _____

Allergies/Medication/

Concerns _____

Comments _____

A.L.U. has my permission to use photos or video of my child (without their name), for promotion, fundraising or on the A.L.U. website, without compensation.

I have read and agree to the "Program Details."

Parent's Signature _____ Date _____

(Please note: A copy of your child's medical exam, emergency card, and registration fee are required to complete registration.) If your child has an IEP and you would like to share the document with ALU, please provide a copy for us to keep on file along with the other required registration documentation.