

# COMMUNITY CHILL

## Application

### 2017-2018

CHILL Location: (Please circle one)      Easttown/Salvation Army      River Haven

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

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

School: \_\_\_\_\_

Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

What is the best way to contact you:              Call      Text      Email

If you would like us to email you, what is your email address? \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ If so, to what? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_