

CASA at Rooftop
Admissions Application



Child's Name	Date of Birth	Language Spoken at Home	Rooftop Teacher	Grade
Phone	Address		Zip Code	

Parent / Guardian Information

Name	Relationship	Home Phone	Mobile Phone	Email
Address		Zip Code	Employer	Work Phone

Name	Relationship	Home Phone	Mobile Phone	Email
Address		Zip Code	Employer	Work Phone

Emergency Contacts / People Authorized for Pickup

Name	Relationship	Home Phone	Mobile Phone

Medical Conditions:

Medication to be Administered (must be in original container):

Allergies

Child's Physician: _____ Phone #: _____

Special information or circumstances regarding your child that will help us provide the best care:

Sibling Names and Ages

Do you give CASA permission to use photographs of your child in program media such as brochures and our website? YES NO

Please list any special skills that you are able to share with CASA (ie., graphic art, printing, set construction, sewing, etc):

Email Address for Invoicing

Please check box if you want
paper invoices mailed to you.