




P.E.A.C.E. Afterschool Program, Inc.
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AFTERSCHOOL PROGRAM APPLICATION

Child's Name: _____ Grade in September: _____

Date of Birth: _____ Age: _____ Gender: _____ Ethnicity: _____

School: _____ Languages spoken: _____

Parent/ Guardian's Name: _____ Household Size: _____

Telephone- Home #: () _____ Cell # : () _____

Address: _____ Apt#: _____

City: _____ Zip code: _____

Emergency Contact: _____ Telephone #:() _____

Income level: ___ Less than \$20,000; ___ \$20,001- \$40,000; ___ \$40,001- \$60,000; ___ \$60,001- \$80,000; ___ above \$80,000

Parent/ Guardian's Signature

Date

"I certify that the above information is accurate to the best of my knowledge. While I have been assured that the information is kept confidential, I am aware that it is subject to verification by the agency providing services, the Nassau County Office of Community Development and/or HUD. I, therefore, authorize such verification, and will provide supporting documentation , if requested."

FOR OFFICE USE ONLY

_____ Report Card received

_____ Medical report

_____ Tutor Assigned

APPROVED: _____
Authorized Signature

Date