



Mount Vernon- Enola
Excellence In Education
After School Program Application

Student Name: _____ Grade _____ Teacher _____

Areas of Academic Concerns: _____

Parent/Guardian Name: _____

Parents Cell Number- _____ Work Number- _____

Home Phone- _____ Parent Email _____

Physical Address- _____

Emergency Phone Number- _____

Please list any medical concerns- _____

Please list Individuals and their relationship to child who have permission to pick up student- _____

A written note with a phone number listed on note will be required before a student is released to someone who is not listed on this application

