



Completing
Homework In a
Learning Lab

Community C.H.I.L.L.
Application
2016-2017

CHILL location (please circle)

Eastown

River Haven

Student Name: _____ Grade: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____

School: _____ Team #: _____

Birthday: _____ Sex: _____

Parent/Guardian Name: _____

Address (If different from the student) : _____

Home Phone Number: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact: _____ Phone: _____

Do you have an email account that you check often? _____

If so, what is your email address? _____

If your child is sent home early from Community CHILL where should he/she go?

Does your child have any allergies? _____ If so, to what: _____

Parent/Guardian Signature: _____ Date: _____