



2008-2009 Application

Name of Parents/ Legal Guardian

Address

City

State

Zip

Phone: _____ E-Mail: _____

Name of child starting K in August 2009

4 5 6
Circle current age

Is child diabetic? Y N Any other health problems? _____

Does child have allergies? Y N To what? milk, peanuts, _____

Do you have other children? Names & ages

During the 3rd week of the month, 3 sessions will be available. Each month you & your child attend 1 session for training and to get the book of the month. To help us plan, **please mark the site you are most likely to attend.** It is ok to attend at different places from month to month.

_____ Lower Lights Church, 1066 Bellows Ave, Mondays at 7-8 PM

_____ City Life Center, 40 Chicago Ave, Wednesdays, 12-1 PM

_____ Franklinton Branch Library, 1061 W. Town St, Wednesdays at 2-3 PM

OVER

Photo/Video Consent Form

I hereby give my consent for Franklinton Ready4K program to use photographs or video of myself or my minor children listed below for the purposes of education, communications and/or promotion of the program.

I also release Franklinton Ready4K from any expectation of confidentiality for the minor children listed below and for myself and affirm that I am the parent or legal guardian of these children.

Signature: _____ Date: _____

Full Name (please print): _____

Minor Children (if shown in photo/video):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Mail your application to Tyler Flynn, 3011 Black Kettle Trail, Dublin, OH 43017 or **drop it off** at the Franklinton Branch Library, 1061 W. Town Street, Columbus, OH.

