

THOMAS HART ACADEMY  
CHILDREN'S CENTER APPLICATION

STUDENT'S NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

CELL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

CELL \_\_\_\_\_

In case of emergency, please notify (if parents cannot be reached): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List people allowed to pick up your child:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

List any allergies or medical problems below.