

Application for Admission Adolescent Program

August 19, 2024

First Name	Last Name	Middle Name
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Nickname	Date of Birth	Gender (M/F)
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MOTHER OR GUARDIAN

Name _____

Home Address _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Employer Name _____

City _____ State _____

Work Phone _____

Occupation _____

Does your company have Matching Grants: Yes or No

Email address _____

FATHER OR GUARDIAN

Name _____

Home Address _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Employer Name _____

City _____ State _____

Work Phone _____

Occupation _____

Does your company have Matching Grants: Yes or No

Email address _____

Please circle all that apply: Married Separated Single Parent Widowed Divorced
(If divorced, who has legal custody? Mom or Dad)

RECORDS RELEASE (If transferring from another school)

Name of Current/Former School	City/State	Phone Number
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Reason for transfer: _____

PROGRAM HOURS:

{ } 7:00 am – 3:45 pm { } 8:30 am – 3:45 pm { } 8:30 am – 6:00 pm { } 7:00 am – 6:00 pm

GRADE LEVEL: { } 7th Grade or { } 8th Grade

SIBLINGS (If applicable)

Name	Current/Former School	CMMS Student or Alumni Yes No
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Name	Current/Former School	CMMS Student or Alumni Yes No
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