



Cultural Arts for Excellence

1707 Cove Road NW, Roanoke, VA 24017

540-206-2078

CAFE KIDS ADMISSION APPLICATION

STUDENT INFORMATION

First Name: _____ Middle: _____ Last: _____ Suffix: _____
Nickname: _____ Date of Birth: ____/____/____ Gender: Male Female
Address: _____ Apt. _____
City _____ State _____ Zip: _____
Email: _____ Home Phone: _____ Cell Phone: _____
Race: Native American Hispanic American Caucasian American African American Other: _____
Age: _____ Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____
School Attending: _____ Grade Level: _____ Homeroom Teacher: _____
Child's Soc. Sec. #: _____ Lunch Status: Free Reduced Neither
Special Interests, hobbies, etc: _____

HOUSEHOLD INFORMATION *CAFÉ is a non-profit organization and therefore we rely heavily on grant funding to operate our program. The following information is necessary for reporting to funding sources.

Annual Gross Household Income: \$0-\$9,999 \$10,000-\$24,999 \$25,000-\$49,999 above \$50,000
Does the child live with their: Mom Step-Mom Dad Step-Dad Grandparents Other _____
Is there a member of the household 65 years or older? Yes No
Is there a member of the household that is disabled? Yes No
Current Head of Household: Male Female Current Number in Household: _____
Current Marital Status of Parent/Guardian: Married Separated Divorced Widowed Single
Number of Brothers: _____ Ages: _____ Number of Sisters: _____ Ages: _____

MEDICAL INFORMATION

IN CASE OF AN EMERGENCY, DO YOU THE PARENT/GUARDIAN GIVE CONSENT FOR CAFE STAFF TO SEEK EMERGENCY MEDICAL TREATMENT FOR YOUR CHILD? YES NO PARENT INITIALS _____
Current Medications: _____
Please list any allergies, intolerances to food, medication, chronic physical problems or special accommodations your child may need: _____

PARENT INFORMATION/EMERGENCY CONTACTS--Parent/Guardian Contact Information should list 4 different people who are authorized to pick up the student. In case of an emergency, we will start with the first parent/guardian listed. Emergency contacts will be called when a parent cannot be reached.

Name: _____

Relationship: _____

Home Address: _____

Employer: _____

Work Address: _____

Phone 1: _____ Type: _____

Phone 2: _____ Type: _____

Phone 3: _____ Type: _____

Email: _____

Emergency Contact 1

Name: _____

Relationship: _____

Home Address: _____

Employer: _____

Work Address: _____

Phone 1: _____ Type: _____

Phone 2: _____ Type: _____

Phone 3: _____ Type: _____

Email: _____

Emergency Contact 2

Name: _____

Relationship: _____

Home Address: _____

Employer: _____

Work Address: _____

Phone 1: _____ Type: _____

Phone 2: _____ Type: _____

Phone 3: _____ Type: _____

Name: _____

Relationship: _____

Home Address: _____

Employer: _____

Work Address: _____

Phone 1: _____ Type: _____

Phone 2: _____ Type: _____

Phone 3: _____ Type: _____

****PARENTS/GUARDIANS PLEASE NOTE: NO CHILD WILL BE RELEASED TO ANY PERSON(S) NOT LISTED ON ENROLLMENT APPLICATION WITHOUT PRIOR CONSENT FROM PARENT/GUARDIAN.**

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____