

After School Program Application
2026 – 2027 School Year
Covenant Presbyterian Church
2070 Ridgecliff Road, Columbus, OH 43221
childcenter@covenantpcusa.org



Application forms may be returned to Caroline McGeoch via email at childcenter@covenantpcusa.org, or mailed to the attention of Caroline McGeoch at the address above. To drop off in person, please call 614-451-7172 to arrange an appointment.

FEES – A \$100 non-refundable application fee (per child) must be submitted to complete your application process.

- Checks made payable to **Covenant Presbyterian Church** that include **your child's name and After School 2026-2027 on the memo line** may be placed in the tuition drop box outside room 111, mailed with the application form, or given to the Center director or assistant director.
- Zelle payments must be sent to Covenant's special and secure email address for Zelle payments: giving@covenantpcusa.org. Enter the amount you wish to send AND include **your child's name and After School 2026-2027** to identify what the payment is for.

TUITION – The total annual tuition is divided into 9 monthly payments. The first payment is due 7/1/26. The remaining 8 payments are due on the 1st of each month beginning 9/1/26 thru 4/1/27.

ENROLLMENT PREFERENCES

- ☐ Full-time (4 or 5 days per week) \$680/mo
- ☐ Part-time (3 days per week) \$410/mo Circle the days you would prefer: M Tu W Th F
- ☐ Part-time (2 days per week) \$295/mo Circle the days you would prefer: M Tu W Th F

If Part-time, do you have flexibility in the days of the week? _____

CHILD'S INFORMATION

Name _____ Gender _____ Birthdate _____

By what name should we call your child during after care? _____

Grade for 2026 - 2027 school year _____ Elementary School _____

Home Address _____

Child lives with (names and relationships) _____

Does your child have any food, medication, or environmental allergies? Yes ☐ No ☐

If yes, please explain _____

Does your child have a developmental delay or special health or medical conditions? Yes ☐ No ☐

If yes, please explain _____

Does your child have any dietary restrictions for medical, religious, or cultural reasons?

Yes ☐ No ☐ If yes, please explain _____

Child's Name _____

PARENT/GUARDIAN INFORMATION

Name _____

Relationship to child _____

Current Occupation _____

Phone _____

Email address _____

Name _____

Relationship to child _____

Current Occupation _____

Phone _____

Email address _____

Parents' Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Other

Family religious preference or affiliation: _____

What else would you like us to know about your child?

Please print your answer in the space below. Use the back of this form or attach an additional sheet if you need more space.

How did you hear about our program? _____

Person completing this form (printed name) _____

Signature (typed signature is acceptable) _____ Date _____