

**After School Program Application  
2026 – 2027 School Year  
Covenant Presbyterian Church  
2070 Ridgecliff Road, Columbus, OH 43221  
[childcenter@covenantpcusa.org](mailto:childcenter@covenantpcusa.org)**



Application forms may be returned to Caroline McGeoch via email at [childcenter@covenantpcusa.org](mailto: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](mailto: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 1<sup>st</sup> 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 \_\_\_\_\_