**PARENT APPLICATION**

**Please email the completed form to info@embfoundation.org**

1. Parents Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_
6. What time do child get home from school.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Bus Rider\_\_\_\_\_\_\_\_\_\_\_. Car rider \_\_\_\_\_\_\_\_\_\_\_\_\_
8. Insurance Provider\_\_\_\_\_\_\_\_\_ ID Number\_\_\_\_\_\_\_\_\_
9. Will child need transportation to classes and events. Yes\_\_\_\_\_ No\_\_\_\_\_\_
10. Would parents like to volunteer? Yes\_\_\_\_\_ No\_\_\_\_\_\_
11. My Signature below acknowledges that I agree to follow the rules of the program. 

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

Parent Signature Date