



KWA
Application of
ALOT After School Program

1. Personal Information

Last Name: _____ First Name: _____ MI : _____
Present Address: _____
City: _____ State: _____ Zip: _____
Primary Phone No :(_____) _____ - _____
Secondary Phone No :(_____) _____ - _____
Email: _____
Birth of Date: Month _____ Date _____ Year _____

2. Educational Background

School Name: _____
Current Grade : _____

3. Interest Questions

You need help in: _____

You like to help in: _____

4. Available Time to help or be helped (please check)

Monday	Tuesday	Wednes- day	Thursday	Friday	Total Hrs.
3:30~5:30	3:30~5:30	3:30~5:30	3:30~5:30	3:30~5:30	

As a participant, I agree to comply with all procedures for the program as explained to me by the program manager/supervisor/coordinator.

Participant Signature: _____ Date: _____
Parent/Guardian: _____ Date: _____