

MCB Program Application

YOUTH SERVICES

PERSONAL DATA (Please Print)

Child's Name: _____

Application Completed by ☐ **Parent** or ☐ **Guardian** or ☐ **Teacher Info**

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Child's Information

Address: _____

City/State/Zip: _____

Is Child Legally Blind?		Please Provide Proof of Blindness
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Signature of Parent, Guardian or Teacher

Date Submitted

(Alphapointe will fill out all the below information)

Items Requested from (Vendor) Alphapointe-All Star Camp

<i>Qty</i>	<i>Item No.</i>	<i>Description</i>	<i>Amount</i>
1		All-Star Camp (Alphapointe)	\$600.00