

**Marshalltown Christian School**

PO Box 1514

Marshalltown, IA 50158

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641-753-8824

**Application for Before and After Care**

(PLEASE Print) Application Date: \_\_\_\_\_

Date Available: \_\_\_\_\_

Personal

**Please print your name as it appears on your social security card:**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security # \_\_\_\_\_ US Citizen? \_\_\_\_\_

Are you legally eligible to work in the United States? \_\_\_\_\_

Address \_\_\_\_\_

(Number and Street) City (State/Province) (Postal Code)

Current Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Information you may provide if you wish (not required)

Birth information (Date: Place) \_\_\_\_\_

Marital status information (Family) \_\_\_\_\_

Church (Denomination) affiliation \_\_\_\_\_

Other \_\_\_\_\_

Are you on a sex offender registry? \_\_\_\_\_

Are you on the Department of Human Services' child abuse registry? \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)? \_\_\_\_\_

If yes, please provide date, incident city/state of charge

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