

Aspen Chapel Youth Education
0077 Meadowood Dr. • Aspen, Colorado 81611
(970) 925-7184 • Fax 970-544-9297
ejb@sopris.net

Aspen Chapel Tuesday School Information

Child's Name _____

Age _____ Birthdate _____ Grade _____

Mother's Name _____

Mailing Address _____

Telephone Home _____ Work _____

Father's Name _____

Mailing Address _____

Telephone Home _____ Work _____

Email Address _____

Emergency Numbers:

Physician _____ Phone _____

Neighbors or Relatives 1. _____ Phone _____

2. _____ Phone _____

I give my consent for _____ to attend the Aspen Chapel Tuesday School program. My signature also acknowledges that I am responsible for having a medical consent form on file at Aspen Valley Hospital. Forms already turned in through the Aspen School District are acceptable. I also give my permission for a member of the Chapel staff to take the above named child to the hospital in case of an emergency.

Parent or Guardian Signature

I give my consent for _____ to have his/her photograph in the Aspen Chapel newsletter or on the Aspen Chapel web site. (No last names will be used with picture)

Parent or Guardian Signature

☐ Enclosed please find the tuition for the Tuesday School program.

☐ Enclosed please find my tax deductible donation to the Tuesday School program.