

**Application for Healthcare Connect Academy**

**Personal Information (Please print all required information)**

Last Name:

First:

MI

City

Zip

County

DOB: mm / dd / yyyy

Age by June 30,2018

Home#

Cell#

Best Email to Reach You

Name of School

Grade

Guidance Counselor Name

Email/Phone Number

Name of Reference

Email/Phone Number

Guardian Name and Email

Mother’s and Father’s Name and Email

Emergency Contact

Relationship

Cell#

Work#

Family Doctor

Phone #

Allergies?

Limitations Related to Health or Special Needs

Please indicate the program you are applying to for the 2018 program year:

\_\_\_\_\_\_\_\_\_Pre-College Program (Must be 16 years of age by June 30, 2018)

\_\_\_\_\_\_\_High School Program (Must be 15 years of age by June 30, 2018)

\_\_\_\_\_\_\_Middle School Summer Program (Must be 14 by June 30, 2018)

\_\_\_\_\_\_\_Middle School Summer Program (Must be Age 12-13 years of age by June 30, 2018)

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

 Health Care Connect is an initiative of the Chester County 

Economic Development Council and is funded in part by the

private sector with grant funding received from the Pennsylvania

Department of Labor and Industry through the Chester County

Workforce Development Board.

Sss

Address

State