## Paradise Elementary School District After School Program Student Registration

PLEASE PRINT	T – STUDENT'S LEGAL NA	AME		
			1	
Legal First Name Legal I	Middle Name L	egal Last Name	Other Legal Name (if applicable)	
Male      Female Birth date:				
	Month Day	Year		
		( )	( )	
Parent/Guardian First Name	Last Name	Home Phone	Work Phone	
		( )		
Parent/Guardian First Name	Last Name	Home Phone	Work Phone	
	1	I		
Mailing Address		Apt# City	State Zip	
Residence Address (house # & street na	me) (IF DIFFERENT)	Apt # City	State Zip	
(P.O Box or house # & street name)				
PLEASE COMPLETE INFORMATION E	BELOW FOR PARENT(S)/	GUARDIAN WITH WHOM T	HE STUDENT LIVES:	
1. 🛛 Father 🖵 Step Father/Guardia	n (check one)			
	Full N	lame		
	Full N	Jame		
Employer	Full N City	lame	Daytime Phone#	
	City	lame	Daytime Phone#	
Employer 2.	City		Daytime Phone#	
2. D Mother D Step Mother/Guard	City Jian (check one) Full N			
	City lian (check one)		Daytime Phone# Daytime Phone#	
2. D Mother D Step Mother/Guard	City Jian (check one) Full N			
2.  Mother  Step Mother/Guard Employer	City Jian (check one) Full N City	Jame	Daytime Phone#	
2.  Mother  Step Mother/Guard Employer	City Jian (check one) Full N City	Jame		
2.  Mother  Step Mother/Guard Employer	City dian (check one) Full N City eople have permission	<b>Jame</b> to pick up my child from	Daytime Phone#	
2.  Mother  Step Mother/Guard Employer The following per Name:	City dian (check one) Full N City eople have permission	Jame to pick up my child from	Daytime Phone# the after school program. (Phone #)	
2.  Mother  Step Mother/Guard Employer The following per Name:	City dian (check one) Full N City eople have permission	Jame to pick up my child from (	Daytime Phone# the after school program. (Phone #) (Phone #)	
2.  Mother  Step Mother/Guard Employer The following per Name:	City dian (check one) Full N City eople have permission	Jame to pick up my child from (	Daytime Phone# the after school program. (Phone #)	
2.  Mother  Step Mother/Guard Employer The following per Name:	City dian (check one) Full N City eople have permission	Jame to pick up my child from ( (	Daytime Phone# the after school program. (Phone #) (Phone #)	
2.  Mother  Step Mother/Guard Employer The following per Name: Name:	City dian (check one) Full N City eople have permission	Jame to pick up my child from ( (	Daytime Phone# the after school program. (Phone #) (Phone #)	

Parent Signature:\_\_\_\_\_