Paradise Elementary School District After School Program Student Registration

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal First Name	Legal Middle Name	Legal 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**

Mailing Address	**Apt#**	**City**	**State**	**Zip**

Residence Address (house # & street name) **(IF DIFFERENT)**	**Apt #**	**City**	**State**	**Zip**

(P.O Box or house # & street name)

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. ❑ Father ❑ Step Father/Guardian (check one)

Full Name

Employer	**City**	**Daytime Phone#**

2. ❑ Mother ❑ Step Mother/Guardian (check one)

Full Name

Employer	**City**	**Daytime Phone#**

The following people have permission to pick up my child from the after school program.

Name:_____(Phone #)_____

Name:_____(Phone #)_____

Name:_____(Phone #)_____

Name:_____(Phone #)_____

Name:_____(Phone #)_____

Parent Signature:_____ Date:_____