

For Office Use Only
Date Enrolled: _____



Glassboro Child Development Center
GAPA3 Bowe School

STUDENT ENROLLMENT FORM
FY 06-07

This form must be completed and signed by the parent or guardian of a student enrolling in the afterschool program.

Student Name: _____ Birth Date: _____
 First Last MI Month/Day/Year

Sex: Male Female Race/Ethnicity (optional): _____ Unspecified

Limited English Proficiency: Yes No Unspecified

Free/Reduced Lunch: Yes No Unspecified

Grade: _____ School Attending: _____ Homeroom Teacher: _____

Please note you must complete the above fields for your child to be enrolled in the NJA3 program.,

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

First Name Last Name

Relationship to Student

Home Phone

Work Phone

Other Phone

E-mail

Street Address

City State Zip

Parent/Guardian # 2

First Name Last Name

Relationship to Student

Home Phone

Work Phone

Other Phone

E-mail

Street Address

City State Zip

RELEASE OF CHILD

I give my child permission to walk home alone at dismissal. Yes No

My child will be picked up after school by me or one of the following individuals:

Name Relationship to Child Telephone

Please note that no child may be denied enrollment due to a family's inability to pay.

Name Relationship to Child Telephone

Name Relationship to Child Telephone

DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

Name Relationship to Child

Name Relationship to Child

EMERGENCY CONTACTS

Please identify two persons who may be called between 3:00pm and 6:00pm if you are not available.

First Name Last Name

First Name Last Name

Relationship to Student

Relationship to Student

Home Phone

Home Phone

Work Phone

Work Phone

Other Phone

Other Phone

Street Address

Street Address

City State Zip

City State Zip

INFORMATION ABOUT CHILD

What are your child's interests? _____

Are there any particular areas on which you would like the program to focus (i.e. math, social skills, health awareness)?

I allow the school to release to the New Jersey After 3 program, information about my child's school performance, including, but not limited to, grades and test results. Yes No

PARENT/GUARDIAN SIGNATURE

I give my child permission to participate in the afterschool program.

Parent/Guardian Signature

Date