

For Office Use Only  
Date Enrolled: \_\_\_\_\_



Glassboro Child Development Center  
GAPA2 Bullock 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.**

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Name Relationship to Child Telephone

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Name Relationship to Child Telephone

**DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:**

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Name Relationship to Child

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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.

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First Name Last Name

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First Name Last Name

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Relationship to Student

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Relationship to Student

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Home Phone

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Home Phone

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Work Phone

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Work Phone

---

Other Phone

---

Other Phone

---

Street Address

---

Street Address

---

City State Zip

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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.

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Parent/Guardian Signature

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Date