



P.A.W.S. (Partnering Academics with Socialization)  
 Before and After School Program  
 Registration Form



Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

List the names and phone number of anyone that is allowed to pick up student:

_____	_____
_____	_____
_____	_____

Please list any medical conditions or special needs:

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact (name and phone #): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please indicate family needs:

\_\_\_\_\_ Before School Only      \_\_\_\_\_ After School Only      \_\_\_\_\_ Before and After School

\_\_\_\_\_ I have read and understand all guidelines and procedures outlined in the PAWS Before & After School program(s).

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_