



To be completed by PACES Administrator

Enrollment Fee Payment (\$50) ☐ Check ☐ Cash ☐ Draft

Date Received by PACES _____ Start Date _____

PACES- NCLA Enrollment Application

STUDENT INFORMATION

We Are An Equal Opportunity Provider

NAME

(First)

(Last)

(Age)

(Gender)

Birthday (MM/DD/YYYY)

SCHEDULE ____ Before ____ After ____ Before and After GRADE K 1 2 3 4 5 _____
(Circle one) Teacher

BROTHERS AND SISTERS IN PACES

First Name

Last Name

Grade

Teacher

PARENTS/GUARDIANS

Call this parent/guardian FIRST

(First)

(Last)

Relationship to Student

Driver's License Number

Street Address

City

State

Zip Code

Email Address

Work Phone

Cell Phone

Home Phone

Call this parent/guardian SECOND

(First)

(Last)

Relationship to Student

Driver's License Number

Street Address

City

State

Zip Code

Email Address

Work Phone

Cell Phone

Home Phone

The child may be released to the child's legal guardian(s) or to the following people:

NAME

RELATIONSHIP TO CHILD

PHONE #

OTHER PHONE #

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____