



To be completed by PACES Administrator

Enrollment Fee Payment (\$50) Check Cash Draft

Date Received by PACES _____ Start Date _____

PACES- Phoenix 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 6 _____
 (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 #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____