



# 21<sup>ST</sup> CENTURY AFTER SCHOOL REGISTRATION

Student's Name \_\_\_\_\_ First, Middle, Last \_\_\_\_\_ Grade \_\_\_\_\_ Parent Name \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_

Member lives with:

Mother  Grandparent Number in the Household: \_\_\_\_\_  
 Father  Other \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

MOM'S CELL PHONE: \_\_\_\_\_ DAD'S CELL PHONE: \_\_\_\_\_

MOM'S EMPLOYER: \_\_\_\_\_ DAD'S EMPLOYER: \_\_\_\_\_

MOM'S WORK PHONE: \_\_\_\_\_ DAD'S WORK PHONE: \_\_\_\_\_

Local Emergency Contact OTHER than Parent:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_