

NEXT STEP

AFTER SCHOOL PROGRAM

STUDENT APPLICATION

PLEASE PRINT LEGIBLY

CHILD'S INFO

LAST NAME	FIRST NAME	DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP
PHONE	SCHOOL	GRADE	

PARENT'S INFO

FATHER'S LAST NAME	FIRST NAME	DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL	EMAIL	
EMPLOYER	ADDRESS	WORK PHONE	
MOTHER'S LAST NAME	FIRST NAME	DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL		
EMPLOYER	ADDRESS	WORK PHONE	

IN CASE OF EMERGENCY

LAST NAME	FIRST NAME	PHONE
LAST NAME	FIRST NAME	PHONE
PARENT'S SIGNATURE	DATE	

PLEASE FILL OUT COMPLETELY. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

OFFICIAL USE ONLY

DATE / / CLERK: DATE REC'D



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