PACES

To be completed by PACES Administrator

Enrollment Fee Payment ($75) ☐ Check ☐ Cash ☐ Draft

Date Received by PACES_____ Start Date_____

PACES participates in the Child and Adult Care Food Program

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 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 #