



KUDOS FOR KIDS
Point Arena Schools District
After School Enrichment Program



REGISTRATION INTAKE FORM

Student Information

Student Name: _____

Date :

Date of Birth: _____

Gender: Female Male Nonbinary

Ethnicity: _____

Programs:

Eligibility for Free/Reduced Meals: YES NO

English Language Learner: YES

McKinney Vento Homeless: YES NO

Foster Youth: YES NO

Grade: _____

Homeroom Teacher: _____

Home Phone: _____

Email: _____

Primary Language(s) spoken at Home: _____

Does your child have any MEDICAL ALERTS? If YES, please explain: _____

Parent/Guardian Information

Mother/Guardian Name _____

Home Phone: _____

Work Phone: _____

Cell/Pager: _____

Email: _____

Mailing Address

Street or PO BOX: _____

City: _____

State: _____

Zip Code: _____

Physical Address

Street Address: _____

City: _____

State: _____

Zip Code: _____

Father/Guardian Name _____

Home Phone: _____

Work Phone: _____

Cell/Pager: _____

Email: _____

Mailing Address

Street or PO Box: _____

City: _____

State: _____

Zip Code: _____

Physical Address

Street Address: _____

City: _____

State: _____

Zip Code: _____

Please circle the best way to contact above.

Emergency Contact:

How will your child get home from the program? 3:15 Bus

If bus, list afternoon bus stop: _____

Walk Other (describe) _____

Will be picked up by (names of authorized persons) _____

Signature of Parent/Guardian _____

Date _____

