

Bennie E. Goodwin
After School Academic Program
Registration Form

Date: _____

Session (Check One): Fall ___ Winter ___ Spring ___ Summer ___

Subject(s) your student needs assistance in (circle): Reading Math

Student Information

Student's Name: _____ Date of Birth: _____

Grade: ___ Age: ___ Sex: ___

Ethnicity (circle):

African-Am./ Asian-Am./ Caucasian / Hispanic /Other (please specify) _____

Home Address: _____ Apt# _____

City: _____ State: ___ Zip: _____ Phone#: _____

Lives with: Mother/ Father/ Both

Parent/Guardian Information

School Name: _____ Teacher's Name: _____

Mother's Name: _____ Father's Name: _____

Wk Phone#: _____ Wk Phone#: _____

Email: _____ Email: _____

Address: _____ Address: _____

City: _____ State: ___ Zip: _____ City: _____ State: ___ Zip: _____

Emergency Contact Person: _____ Phone#: _____

Special Health instructions, food allergies, etc. _____

A pre-assessment is given to determine program eligibility. Eligible students are given seating priority in the classrooms. In the event a class reaches maximum capacity, a space will be reserved for your child in the next session.

Parent/Guardian Signature: _____ Date: _____