

P.S 261  
Magnet School For Integrating The  
Arts  
PTA After School Program  
314 Pacific Street  
Brooklyn, NY 11201  
(646)-982-8725

2006-2007 After School Program Family Registration  
form

Please complete form and attach the annual non-refundable \$25  
registration fee.

**Student Enrollment Form**

This form must be completed and signed by the parent or guardian of a student enrolling in the  
after-School program.

**Student Information**

Student Name \_\_\_\_\_

Home

Address \_\_\_\_\_

Sex: M or F

Birth Date: \_\_\_/\_\_\_/\_\_\_

Grade of 2006-2007 School year \_\_\_\_\_ Teacher \_\_\_\_\_

# years/months attending P.S 261 \_\_\_\_\_

**Parents/Guardian Information**

**Parent/Guardian #1 Name** \_\_\_\_\_

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

**Parent/Guardian #2Name** \_\_\_\_\_

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contacts

Please identify two people who maybe contacted between 3:00pm and 6:00pm. If you are not available.

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Hone Phone \_\_\_\_\_

Cell \_\_\_\_\_

Please pick-up health forms and release forms from after director's office during the first week of school. Office is located near the nurse's office.