



Parks and Recreation Department

Staff initial Rec'd By: _____

Date Rec'd By: _____

Afterschool/Summer Recreation Program

360 East Main Street, Pahokee, Florida 33476 Office: 561.924.2972 Fax: 561.924.7645

Parks & Recreation Director: Ronald Osborne

Programs Director: Ivory Paschal

Select: ☐ Afterschool Program

☐ Summer Recreation Program

Application Date: _____ Student Number (if Known): _____

Student's Name: _____
Last Name First Middle Initial

Student's Date of Birth: _____ Age: _____ Grade: _____

Student's Sex: Male ☐ Female ☐ SSN: _____

Mailing Address: _____

City State Zip

Parent(s) Information:

Mother's Last Name First Name Marital Status: ☐ ☐ ☐ ☐
S M D W
Contact Phone Number: _____ Alternate Phone Number: _____

Mother's Employer: _____ Work Phone Number: _____

Father's Last Name First Name Marital Status: ☐ ☐ ☐ ☐
S M D W
Contact Phone Number: _____ Alternate Phone Number: _____

Father's Employer: _____ Work Phone Number: _____

Emergency Contact Information:

Name: _____ Relationship to Student: _____

Emergency Contact Phone: _____ Alternate Phone: _____

Name: _____ Relationship to Student: _____

Emergency Contact Phone: _____ Alternate Phone: _____

Parent/Guardian Signature Date

Parent/Guardian Signature Date