



**Student Registration Form  
After School Education and Safety Program  
Oceanside Unified School District  
CHAMPIONS After School Program  
Laurel Elementary School  
20010-11 School Year**

**Student Information**

Student's First Name: \_\_\_\_\_  
Student's Last Name: \_\_\_\_\_  
Student's School: \_\_\_\_\_  
Student's Grade: \_\_\_\_\_  
Student's Teacher or Counselor: \_\_\_\_\_  
Student's Date of Birth: \_\_\_\_\_

**Student's Home Information**

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_  
Name of Person Student Lives With: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Parent Information**

Mother's Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

List Medical Problems/Allergies:  
\_\_\_\_\_

**Release and Hold Harmless Agreement**

I release the After School Education and Safety Program providers from any liability, any injury, loss or liability incurred by my child while participating. I authorize medical emergency treatment for my child by licensed professionals in the event of an accident and release the program providers from any liability resulting from this treatment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_