

ST. FRANCIS OF ASSISI CATHOLIC ACADEMY
REGISTRATION FORM - AFTER SCHOOL PROGRAM

FAMILY NAME: _____

STUDENT NAME: _____ CLASS: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE:-----

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MOTHER'S BUSINESS PHONE: _____

FATHER'S BUSINESS PHONE: _____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____ PHONE: _____

ANY KNOWN HEALTH PROBLEMS: _____

DAYS PROGRAM WILL ROUTINELY BE UTILIZED:

___ FULL TIME: MONDAY THROUGH FRIDAY

___ PART TIME: MON. ___ TUES. ___ WED. ___ THURS. ___ FRI. ___

Expected pick-up time each day: _____

Person(s) picking up your child/children: _____

I, the parent/guardian of _____

ask that my son/daughter be permitted to participate in the After School Program.

Signature of Parent/Guardian

Date