



ALL SAINTS CATHOLIC SCHOOL

"ENGAGING MINDS, STRENGTHENING FAITH"

AFTER CARE PROGRAM REGISTRATION FEE \$10.00

Please print and complete both sides of this form. This information is essential for accurate processing and care of your child(ren). Return the form to the School Office as soon as possible. Emergency information is included on the form for your convenience.

Student Information:

Name _____ Grade _____ DOB _____

Name _____ Grade _____ DOB _____

Name _____ Grade _____ DOB _____

Name _____ Grade _____ DOB _____

Parent Information:

Mother's Name _____ Father's Name _____

Address _____

Phone # _____

Work

Home

Cell

_____ I choose Daily Monthly Plan

_____ I choose Drop-In Plan

Alternative Information:

Please list any additional persons you have designated to pick up and sign your child(ren) out of Aftercare.

1. _____

