

CATHEDRAL AFTERSCHOOL PROGRAM REGISTRATION FORM

Due with Application: A Registration Fee of \$25.00 (non-refundable)

2 Day - Mon & Wed: 11:00-5:30

4 Day—Mon-Tue-Wed-Thurs: 11:00-5:30

2 Day – Tue & Thurs: 11:00-5:30

5 Day – Mon thru Fri: M-Th 11:00 – 5:30
Fri 7:30 – 5:30

3 Day – Mon-Wed-Fri: 11:00-5:30

Child's Full Name _____ Male _____ Female _____
(first) (middle) (last)

Name you wish your child to be called at school _____

Preschool Class enrolled in _____ Child's Teacher _____

Birth date _____ Mom's cell phone _____ Dad's cell phone _____

Address _____
(Street) (City/State) (Zip)

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Child's Physician _____ Phone _____

Allergies _____ Foods Your Child Should Not Eat _____

Names and dates of birth of other siblings in family _____

If Catholic, parish in which parents are registered _____

Email address _____

Signature of Parent _____ Date _____

Please use back of this application to share any other information about your child that you think we need to know e.g., living with one parent.