



SAINT MARY
S C H O O L

SAINTS AFTERCLUB PROGRAM REGISTRATION

Parent/Guardian's Name			Home Phone
Address			Cell Phone
City	State	Zip	Business Phone
Emergency Contact			Emergency Phone

CHILD'S NAME	HOME ROOM	DAYS OF ENROLLMENT

REGISTRATION FEE \$30 Initial Registration

MONTHLY FEE of \$ _____ is due the beginning of each month.

Payments should be marked: Attention: **MaryAnn Hemhauser, Program Coordinator**

SPECIAL INSTRUCTIONS Allergies, known health problems, etc.

ALTERNATIVE PICK UP

The following people are authorized to pick up my child(ren) from the Saints AfterClub Program and may benotified in case of an emergency.

Name	Phone Number

We the parents of _____ in acceptance into the Saints AfterClub/Extended Day Programs, agree to pay Registration and Monthly Fees in a timely manor. We agree to all rules and regulations of the programs. We understand that failure to meet the conditions of this agreement may result in our child(ren) being dismissed from the program. Thank you.

Parent/Guardian Name (please sign) _____

Parent/Guardian Signature (please sign) _____ Date _____

IT'S A GREAT DAY TO BE A SAINT!