

**ALL SAINTS CATHOLIC SCHOOL  
AFTER-SCHOOL PROGRAM ENROLLMENT FORM**

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DAYS ATTENDING:                      M                      T                      W                      TH                      F

\_\_\_\_\_

APPROX. PICKUP TIME:                      \_\_\_\_\_

Hours are Monday-Friday after school – 5:30 p.m.

**If not attending 5 days a week, do you plan on using drop-in stay?** \_\_\_\_\_

**If yes, approximately how many days per month?** \_\_\_\_\_

MOTHER/GUARDIAN

PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FATHER/GUARDIAN

PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**EMERGENCY INFORMATION**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (home) \_\_\_\_\_

PHONE (work) \_\_\_\_\_ CELL PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (home) \_\_\_\_\_

PHONE (work) \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ANY MEDICAL CONDITIONS/ALLERGIES TO BE AWARE OF \_\_\_\_\_

\_\_\_\_\_

**I, \_\_\_\_\_, accept and agree to the guidelines outlined in the All Saints**  
(Parent/Guardian – please print)

**After-School Program Handbook.**

\_\_\_\_\_  
(Parent/Guardian signature)

**Registration Fee      \$25.00/family      \_\_\_\_\_ Paid      \_\_\_\_\_ Initial**