

**CORE AFTER SCHOOL PROGRAM REGISTRATION
2006 - 2007**



*****After School Registration Form must be accompanied by a \$100 deposit check which will be refunded or credited to student's account after all 2006-2007 After School payments have been received by the Business Office.*****

(Student's Name)

(Date of Birth)

(Grade)

(Student's Name)

(Date of Birth)

(Grade)

(Student's Name)

(Date of Birth)

(Grade)

(Street Address)

(Home Phone)

(Parent's Name)

(Work Phone)

(Cell Phone)

- We plan on participating in the program on a weekly basis September-December 2006
- We plan on participating in the program on these days of the week: _____

Person responsible for financial obligations:

(Name)

(Relationship to Applicant)

(Address – Street, City, State, Zip)

(Home Phone)

(Work Phone)

(Social Security #)

We agree to uphold the philosophy, rules and regulations of the Sacred Heart Schools as they apply to the After School Program.

Parent Signature

Date

PLEASE RETURN TO THE SACRED HEART SCHOOLS BUSINESS OFFICE Attention: After