

AFTER SCHOOL REGISTRATION FORM
PLEASE FILL OUT CLEARLY (PRINT) & COMPLETELY

Student's Name _____

Teacher _____ Grade _____

Parent's Name _____

Home Address _____

Designated Contact Phone _____

(Where you can be reached during After-School classes)

Phone Numbers:

Home _____

Cell (Parent1) _____ (Parent2) _____

Work (Parent1) _____ (Parent2) _____

Emergency Names & Phone Numbers:

1. _____

2. _____

CLASS NAME

DAYS

1.	_____	_____
	2 ND	
Choice	_____	_____

2.	_____	_____
	2 ND	
Choice	_____	_____

3.	_____	_____
	2 ND	
Choice	_____	_____

4.	_____	_____
	2 ND	
Choice	_____	_____

Please mark the following for transportation choices after class:

Place an **X** in front of your choice

Circle Days

<input type="checkbox"/>	Pick-up	M	TU	W	TH
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<input type="checkbox"/>	Clubhouse	M	TU	W	TH
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<input type="checkbox"/>	Bus	M	TU	W	TH
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My child will be bussed home unless noted here:

Bussing address other than home: _____

Miscellaneous Info.(T-Shirt size, Scrapbooking new or cont., Etc.): _____

Please do not send payment. Once classes have been honored, a confirmation with amount due will be sent home.



Office Use Only:

Total Payment Due _____ Date _____ Cash _____ Check# _____