

BEFORE AND AFTER SCHOOL CARE PROGRAM REGISTRATION

SCHOOL YEAR: 2009-10

Family Name: _____

Address: _____

Father's Name: _____ Mother's Name: _____

Telephone Number: _____

Child's Name

Grade

Child's Name

Grade

Child's Name

Grade

Days Needed: Monday Tuesday Wed. Thursday Friday

Before School: _____

After School: _____

Only as needed: _____