

For office use only:

Reg. Rec'd: _____

Check #/amt: _____

St. Aloysius Catholic Preschool Afterschool Care Registration School Years 2018-2019

Child's Full Name: _____

Birthdate: _____

Please check the amount of days you would like to register:

- 5 afternoons (67.00)
- 4 afternoons (60.00)
- 3 afternoons (51.00)
- 2 afternoon (44.00)
- 1 afternoon (30.00)

There is a registration fee of \$50.00 per child due with this application. (This fee is nonrefundable)

Names of persons authorized to pick up your child (include parents).

1. Name: _____ Relationship: _____

Home phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Home phone: _____ Cell Phone: _____

3. Name: _____ Relationship: _____

Home phone _____ Cell Phone: _____

Signature _____

Date _____