

**After School Program Registration Form**  
**St. Mary's Assumption School**

Name of Student(s):

Grade of student(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cell Phone # for parent(s) or guardian(s)

#1 \_\_\_\_\_ #2 \_\_\_\_\_

Parent(s) Name, place of business and business phone #;

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

List at least 3 emergency contacts and their phone numbers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Check included for the **\$5.00** family registration fee. Make checks payable to St. Mary's Assumption School.

\_\_\_\_\_Registration Fee enclosed

Please return this form to school on or before the first day of school.  
Thank you.