

ST. PETER R. C. SCHOOL
Morning and After School Program
Registration Form

Child(rens)'s Name: _____ Grade: _____

Address: _____

City State Zip

Best number to reach you during school hours: _____

Best number to reach you between 3:15 p.m. and 6:00 p.m. _____

Emergency #'s:

Name: _____ Number: _____

Name: _____ Number: _____

Please make checks payable to St. Peter R. C. School. (Before/After School Payment)

****Do not include this payment with any other payments to the school.****

Please state any medical condition, food or other allergies, or special needs that your child(ren) enrolled in the St. Peter R. C. School Before and After School Child Care program has/have, which our staff should be aware of:

Child's Name: _____

Condition/Need: _____

Child's Name: _____

Condition/Need: _____

Please return this form by the beginning of the school year, so that we may adequately plan for your child (ren)'s attendance in our program. You will be billed for your use of the program monthly.

Parent Signature: _____

Date: _____