

ST. FRANCIS CATHEDRAL SCHOOL

BEFORE/AFTER CARE PROGRAM

2010– 2011

REGISTRATION FORM

I am interested in the Before/After Care Program for the 2010 – 2011 school year.

FAMILY NAME: _____

CHILD'S NAME: _____

Grade as of 9/10

CHILD'S NAME: _____

Grade as of 9/10

CHILD'S NAME: _____

Grade as of 9/10

PHONE NUMBER: _____

_____ Before Care Program ___ M ___ T ___ W ___ TH ___ F

_____ After Care Program ___ M ___ T ___ W ___ TH ___ F

_____ Before and After
Care Program ___ M ___ T ___ W ___ TH ___ F

_____ Additional Comments: _____

Please return the registration form by **April 12, 2010**. Rates for Before/After Care are listed on the opposite side of this sheet. Please note that After Care is available on days with a 12 noon dismissal.