

**ST. JOAN OF ARC SCHOOL
AFTER SCHOOL PROGRAM REGISTRATION FORM**

Please complete both forms. Please be advised that families who have an outstanding balance from the previous school year **will not** be allowed to enroll their children in the After School Program until balance is paid in full. Thank you!

Registration Information:

Child(ren)'s Name: _____

Mother's Name: _____ Work Phone: _____ Cell: _____

Father's Name: _____ Work Phone: _____ Cell: _____

Home Address: _____
Mother's Address _____ Town _____ Home Phone _____

_____ Father's Address _____ Town _____ Home Phone _____

Please check off the day(s) your child(ren) will attend and approximate pickup time. Program starts at school dismissal and ends at 5:00 pm.

Days: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ As Needed ___

Pick Up: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ As Needed ___

Names Of Persons Authorized To Pick Up Student(s) Photo ID Required

Name Relationship to Student Phone #(s)

Name Relationship to Student Phone #(s)

Name Relationship to Student Phone #(s)

Name Relationship to Student Phone #(s)

Homework Room: Available Monday-Thursday until 4:00 pm. Please select one of the options below. **If your selection changes during the year, please notify school in writing.**

_____ My child(ren) may choose whether to do homework.

_____ My child(ren) must complete as much of his/her homework.

_____ My child should not do homework.

