

YOU'RE MY FRIEND



ST. ROBERT BELLARMINE SCHOOL AFTER-SCHOOL APPLICATION



Starting Date: Monday, September 14, 2009. All students attending must pay a \$10.00 registration fee, and return it with this application.

After School Fee: \$20.00 per day. \$25.00 per day - 2 or more students per family.

Kindly Note: Payment must be received on a weekly basis. If after three weeks, payment is in arrears, child will have to be dropped from the Program. Please cooperate with us. Thank you.

Child's Name: _____ Grade: _____

Address: _____

Home Telephone: _____

Mother's Full Name: _____

Mother's Work Number: _____

Father's Full Name: _____

Father's Work Number: _____

Emergency Contact Person: _____

Relationship to Child: _____

Telephone #: _____

Check Days Needed: Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____

I give permission for the program to authorize emergency medical procedures if necessary.

Parent/Guardian Signature: _____

