

**After-School Registration
2009-2010**

Family Name: _____

Parents Names: _____

Home Address: _____

Email Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Children who will be enrolled in the program:

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

I/We have read the policies of the St.Lawrence After-School Program and agree to abide by them.

Signature (Parent)

Signature (Parent)