



Educated,
Prepared,
Connected in Faith.

All Saints Cathedral School After-School Program Registration Form

Student's Name: _____

Age _____ Grade _____ **PICK-UPS NO LATER THAN 5:30 P.M.**

Physical Address: _____

Mailing Address: _____

Name of Parent/Guardian 1: _____

Contact Numbers (work): _____ (cell): _____

Home: _____ E-Mail Address: _____

Name of Parent/Guardian 2: _____

Contact Numbers (work): _____ Cell: _____

Home: _____ E-Mail Address: _____

Persons other than parent(s)/guardian(s) authorized to pick-up student:

Name	Relation	Contact Number

Allergies: _____

Payment: \$160.00 per month. PICK-UPS AFTER 5:30 P.M. WILL INCUR A \$1.00 PER MINUTE LATE FEE.

Parent/Guardian Signature: _____ Date: _____

*Enclose payment with registration form and make checks payable to
All Saints Cathedral School*

**After School Program Begins on
September 3, 2018**