

St. Raphael After School Program

Registration Form

2010-2011

Child's Name _____ Grade _____ Teacher _____

Parent Information

Name (Mother and Father) _____

Address _____

Home Phone _____

Work Phone: Mom _____ Dad _____

Cell Phone: Mom _____ Dad _____

Emergency Contact (please provide 2)

Name _____ Phone # _____

Name _____ Phone # _____

Any known Allergies: _____

_____ Full-time (4-5 days/week) \$1900/yr. or \$190/mo.(Aug-May)

_____ Part-time (1-3 days/week) \$1400/yr. or \$140/mo.(Aug-May)

Please include the registration fee of \$30/child with this form.

You must inform Ms. Cathy in writing one week prior to withdrawal if you no longer need the program. Failure to notify may result in your account being charged one week's fee.

Questions contact Cathy Drescher program director (919) 696-4994