

St. Raphael After School Program
Registration Form
2008-2009

| Child's Name | Grade | Teacher |
|--------------|-------|---------|
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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) \$1800/yr. or \$180/mo.(Aug-May)
_____ Part-time (1-3 days/week) \$1300/yr. or \$130/mo.(Aug-May)

Please include the registration fee of \$25/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