

St. John School
After-School Program Application

Child's Name _____ Grade _____

Address _____

Telephone _____ (Home) _____ (Cell)

Mother's Name _____

Father's Name _____

Please list at least three emergency phone #'s

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Child will attend After School (Check one):

_____ Every Day or _____ Only on the Following Days:
Mon. _____ Tues. _____ Wed. _____ Thurs _____ Fri. _____

What is the approximate time that the child will be picked up? _____

Please list the names of those authorized to pick up your child.

Please indicate any allergies (food or otherwise):

Parent Signature _____