AFTER SCHOOL PROGRAM

My child/children will attend the After School Program at St. Peter Academy on the following day/days:

_____

_____

_____

_____

_____

Child's Name:_____ Grade: _____

_____ _____

_____ _____

Parent's Signature _____

Mother's Phone Numbers Father's Phone Numbers

Work: _____ Work: _____

Cell: _____ Cell: _____

Home: _____ Home: _____

On days when parents cannot pick up their child, a note should accompany the child to school with the name of the designated adult to pick up your child. (I.D. will be requested)