

**St. Mary's School
After School Program
2010/2011**

Student Application

_____ I will use the After School Program on a regular basis

_____ I will use the After School Program occasionally or for emergencies

Parent Name _____

Address _____

Phone number: Home _____

Work _____

Cell _____

Emergency Contact: _____

Note other persons who may pick up your child/children, if not parent. Or note persons who may never pick up your child/children from the After School Program.

Name and grade of child/children attending the After School Program

Probable days of week your child/children will attend: _____

Approximate time for pick-up _____

Parent's Signature _____