

# St. Raphael After School Program

Registration Form

2007-2008

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