

Holy Name After School Program Application

Start Date: ____/____/____

Student's Name _____ Grade _____

Parent's Name _____ Home Tel. # _____

Home Address _____

Work / Company (Name and Address) _____

Work Tel. # _____ Cell # _____

Will you be picking up your child? Yes _____ No _____

Name(s) of person(s) who are authorized to pick up my child. (Children will not be released to any individual whose name does not appear on this list.)

Tel. # (s) of person(s) picking up my child

Emergency Contact _____ Emergency Tel. # _____

My child can come home alone. Yes _____ No _____

I have read the ASP brochure; I understand its contents and agree to adhere to the program rules regarding discipline, homework review, and the timely pick-up of my child. Sign form below.

REGISTRATION FEE \$ 50.00 _____ Pd. Cash / Mo / Chk

Parent Signature _____ Date _____