

# 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 #

Emergency Contact

Emergency Tel. #

Will you be picking up your child ? Yes No .

My child can come home alone. Yes No

Name(s) of person(s) who are authorized to pick up my child.

(Children will not be released to anyone whose name does not appear on this list.)

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

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.

Parent's Signature

Payment Registration \$ Month \$ .