

**All Saints Academy Extended Day Program
Registration Form and Parent Signature Form**

Please register my child(ren).

Child's Name: _____ Grade: _____ Birthdate: _____

Child's Name: _____ Grade: _____ Birthdate: _____

Child's Name: _____ Grade: _____ Birthdate: _____

Child's Name: _____ Grade: _____ Birthdate: _____

Days needed: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Times needed: _____

(We understand that the days and time can vary; please provide your best estimate.)

Please supply Emergency Contact Information to be used during ASP hours.

Authorized to
Pick Up

Name: _____ Phone: _____ Yes / No

Name: _____ Phone: _____ Yes / No

Name: _____ Phone: _____ Yes / No

Parent Signature Page

I have read the 2018-2019 All Saints Academy Extended Day Program Handbook and agree to follow the policies and procedures as stated.

Parent signature Print Name Parent Contact # Date

Parent signature Print Name Parent Contact # Date

Please return to school office as soon as possible.