



ALL SAINTS CATHOLIC SCHOOL

Before and After School Care Registration

This form and a \$100.00 non-refundable registration fee must be returned to the ASCS Office.

Family Last Name _____

Phone _____

Father First Name _____

Mother First Name _____

Street Address _____

City, State, ZIP _____

Primary Email _____

Second Email _____

Father Cell _____

Mother Cell _____

Students

Name _____

Grade _____

Name _____

Grade _____

Name _____

Grade _____

Name _____

Grade _____

Before/After Care Needed

	Before	After
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>

GROWING LEADERS IN MIND, BODY, AND SPIRIT