



## After-School Program Registration

For the week of:

\_\_\_\_\_

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Please Circle Days Attending:

Monday

Tuesday

Wednesday

Thursday

Friday

**REGISTRATION SLIP MUST BE SENT TO SCHOOL ON MONDAY OF THE WEEK ATTENDING.  
NO PAYMENT IS DUE WITH REGISTRATION.**

-----

## After-School Program Registration

For the week of:

\_\_\_\_\_

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Please Circle Days Attending:

Monday

Tuesday

Wednesday

Thursday

Friday

**REGISTRATION SLIP MUST BE SENT TO SCHOOL ON MONDAY OF THE WEEK ATTENDING.  
NO PAYMENT IS DUE WITH REGISTRATION.**