



St. Patrick of Heatherdowns
Before and After-School Program

Registration Form

Student Name: _____

Grade/Room Number _____

Please list any other adult that will be allowed to pick-up your child.

Name: _____

Phone: _____

Name: _____

Phone: _____

All other necessary forms will be provided from the school office and nurse to the Before and After-School Program.

Office Use

Date received: _____

Check # _____