

**2008-2009  
Bishop Schad Regional School  
After School Program Registration Form**

Please complete the form and return with a one-time registration fee of \$25.00 to the school by or on September 3<sup>rd</sup>. The registration fee is per family, not per student. We need an estimate of the number of students participating in this program. Please address the envelope to Dr. DeMartino.

Student(s) Name: \_\_\_\_\_

Grade(s): \_\_\_\_\_ Home phone #: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

The following people have my permission to pick up my child(ren) from the After School Program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature and Date