## LUNCH BUNCH, PEEPS and AFTER CARE REGISTRATION 2021 - 2022

Name Birthdate		Birthdate _		Grade	
				Grade	
Parent #1			Parent #	÷2	
Home Address:			Home Address:		
City:	_ State: Zip:_		City:	State:	Zip:
Home Phone:			Home Ph	none:	
Work Phone:			Work Ph	one:	
Cell Phone:			Cell Pho	ne:	
Email:			Email:		
-	.00/day) 11am-12p	om Mond	ay Tuesdo	Wednesday Thursday Thu	rsday Friday
I will ma	ke monthly payment	ts via (checl	cone)	check	ACH
childcare payments acc	cording to the procedure I have read the guideline	, policies, and	conditions se	of of forth in the STA Parish Sc gree to abide by all the p	hool Before and After
Date:	Parent/G	uardian Signo	ature:		
_	-	-		attending any prograr	
OFFICE USE ONLY:	•	••••••	• • • • • • • • • • •		•••••
Date received:	Rea/Faunt Fee· ¢	Ck/C	Cash:	AarmtSianed:	To Prnt