

AFTER CARE PROGRAM

CHILD(REN)'S NAME(S):

Grade level(s)

I plan on enrolling my child(ren) in the Saint Paul **After Care** Program on the following days (please check):

M__ T__ W__ Th__ F__

Starting date: _____

Parent/Guardian signature: _____ Phone: _____

Date: _____

BEFORE CARE PROGRAM

CHILD(REN)'S NAME(S):

Grade level(s)

I plan on enrolling my child(ren) in the Saint Paul **Before Care** Program on the following days (please check):

M__ T__ W__ Th__ F__ (A minimum of 2 days per week is required.)

Starting date: _____

Parent/Guardian signature: _____ Phone: _____

Date: _____