

## AFTER CARE PROGRAM

CHILD(REN)'S NAME(S):

Grade level(s)

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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: \_\_\_\_\_

PLEASE NOTE ALLERGIES (food, environmental, chemical): \_\_\_\_\_

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## BEFORE CARE PROGRAM

CHILD(REN)'S NAME(S):

Grade level(s)

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