

BLESSED SACRAMENT SCHOOL AFTER-SCHOOL PROGRAM ENROLLMENT

Name _____ Grade _____ Teacher _____

Name _____ Grade _____ Teacher _____

Name _____ Grade _____ Teacher _____

Name _____ Grade _____ Teacher _____

	FATHER	MOTHER
Full Name		
Home Address		
Occupation		
Employer		
Work Phone		
Cell Phone		
E-mail		

Other people who are authorized to pick up my child:

Name	Relationship	Phone

Comments/Special Instructions: _____

Parent/Guardian Signature	Date