

AFTER-SCHOOL CARE PROGRAM 2011-2012 REGISTRATION FORM

Family Name: _____

Child(ren) who will be enrolled in the program.

Name: _____ Grade/Homeroom: _____

Name: _____ Grade/Homeroom: _____

Name: _____ Grade/Homeroom: _____

He/She/They will be: Full-Time
 Part-time
 Hourly

Please mail this form along with a check - payable to IHM School in the amount of \$35.00 to the address below:

Anne Jones
IHM School
7800 Beechmont Ave.
Cincinnati, OH 45255

I/We have read the policies of the Immaculate Heart of Mary After-School Care Program and agree to abide by them.

Signature (Parent)

Signature (Parent)

Signature (Child)

Signature (Child)

Signature (Child)

Date