

**ST. JAMES AFTER SCHOOL CARE PROGRAM
APPLICATION FORM
SCHOOL YEAR _____**

PARENT'S NAME _____

ADDRESS _____

PHONE _____

CHILD'S NAME _____ GRADE _____

1. _____

2. _____

3. _____

I am interested in: _____ Full Time _____ Part Time

Please circle days needed: Mon Tues Wed Thur Fri

This form indicates YOUR INTEREST in After School Care Program only. It does not mean your child has been accepted into the program at this time. A formal letter will be sent to everyone sometime in May to let you know your status.