

St. John the Baptist Catholic School After-School Childcare
Registration 2009 – 10

Family Name: _____

Phone: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

\$30.00 Registration Fee Due with Registration

Office Use:

Paid Check # _____