



# SAINT COLUMBKILLE SCHOOL

## A TRADITION OF EXCELLENCE

SPIRIT • SCHOLARSHIP • SERVICE

6740 Broadview Road Parma, OH 44134 216.524.4816

[www.stcolumbkilleschool.org](http://www.stcolumbkilleschool.org)

### SUMMER DAY CAMP 2017 AFTER SCHOOL CARE PROGRAM (ASCP) REGISTRATION FORM

Family Name \_\_\_\_\_ Date \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work phone # (mother) \_\_\_\_\_

Cell Phone # (mother) \_\_\_\_\_ Work phone # (father) \_\_\_\_\_

Cell Phone # (father) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Parent / Guardian Signature** \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_ Room \_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_ Room \_\_\_\_

Days After School Care will be needed:

\_\_\_\_ M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ TH \_\_\_\_ F \_\_\_\_ Days will vary

**Please indicate below anyone else who has your permission to pick up the children from ASCP.**

\_\_\_\_\_  
Name Relationship to Student Telephone No.

\_\_\_\_\_  
Name Relationship to Student Telephone No.

Tuition ticket = \$80 for 20 hours (\$4.00 per hour, per student)

Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

All checks made payable to Mrs. Stevens