



SAINT COLUMBKILLE SCHOOL

A TRADITION OF EXCELLENCE

SPIRIT • SCHOLARSHIP • SERVICE

6740 Broadview Road Parma, OH 44134 216.524.4816

www.stcolumbkilleschool.org

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.

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Tuition ticket = \$100 for 20 hours (\$5.00 per hour, per student)

Paid \$ _____ Check # _____ Date _____

All checks made payable to Saint Columbkille School