



# 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)

### 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 \_\_\_\_\_

Please check the days After School Care will be needed:

**Everyday, or specific days each week:**

\_\_\_\_\_ **M** \_\_\_\_\_ **T** \_\_\_\_\_ **W** \_\_\_\_\_ **TH** \_\_\_\_\_ **F** **OR** \_\_\_\_\_ 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 = \$100 for 20 hours (\$5.00) per hour, per student)

Paid \_\_\_\_\_ # \_\_\_\_\_ Date \_\_\_\_\_