



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.

Name Relationship to Student Telephone No.

All payments will be made through FACTS Tuition Management System.