

Saint Lawrence School

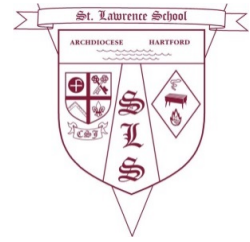
A mission of St. John XXIII

231 Main Street, West Haven, CT 06516

"Shaping the Leaders of Tomorrow"

(203) 933-2518 Fax (203) 933-2058

Stlaw.eduk12.net



AFTER SCHOOL PROGRAM REGISTRATION 2023-2024

Student's Name (s) _____ Entering Grade _____

_____ Entering Grade _____

_____ Entering Grade _____

Child/ren lives with _____ both parents _____ mother _____ father _____ other _____

Days Requested (Please check days) Various days _____ (Please send a schedule monthly if possibly)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Date child(ren) will start ___ / ___ / ___ (please fill out to your best of your knowledge important for the 1st week of school)

Father/Guardian Name: _____

Mother/Guardian Name: _____

Place of Employment	Place of Employment
Address of Company	Address of Company
Days Employed	Days Employed
Hours Employed	Hours Employed
Company Phone #	Company Phone #
Home Phone	Home Phone
Cell Phone	Cell Phone

Parent signature _____

Date _____

PLEASE FILL OUT COMPLETELY AND RETURN TO THE OFFICE.