

**SAINT JOSEPH HILL ACADEMY ELEMENTARY SCHOOL
AFTER SCHOOL PROGRAM**

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PROGRAM REGISTRATION FORM – PLEASE PRINT

FAMILY LAST NAME: _____ ALLERGIES

CHILD #1 FIRST NAME: _____ GRADE: _____ _____

CHILD #2 FIRST NAME: _____ GRADE: _____ _____

CHILD #3 FIRST NAME: _____ GRADE: _____ _____

CHILD #4 FIRST NAME: _____ GRADE: _____ _____

HOME ADDRESS: _____ HOME PHONE _____

CITY, STATE, ZIP _____

FATHER'S FULL NAME _____ WORK PHONE _____

CELL PHONE _____

MOTHER'S FULL NAME _____ WORK PHONE _____

CELL PHONE _____

GUARDIAN'S NAME _____ PHONE _____

OTHER ADULTS AUTHORIZED TO PICK UP MUST RESIDE ON STATEN ISLAND

NAME: _____ RELATIONSHIP _____ CELL PHONE _____

NAME: _____ RELATIONSHIP _____ CELL PHONE _____

IN THE EVENT OF EMERGENCY, WHO SHOULD BE CONTACTED FIRST? _____

I HAVE READ THE POLICIES AND PRICES _____
(Signature of Parent/Guardian) & Date

PLEASE RETURN THIS FORM WITH YOUR \$30.00 PER FAMILY REGISTRATION FEE PAYMENT.