

# St. Ignatius School Arrupe After School Enrichment Registration

2019-2020 School Year, due to the school office 8/30/19

Family Name: \_\_\_\_\_

**Child #1:** \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Child #2:** \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Child #3:** \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Child #4:** \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Parent #1:** \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Parent #2:** \_\_\_\_\_ Contact Number: \_\_\_\_\_

In the event a parent cannot be reached please list at least 2 other local emergency contacts.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Membership fee is: \_\_\_\_\_ Attached (payable to St. Ignatius School)

\_\_\_\_\_ Charge to FACTS

Check boxes of days & times your child(ren) are most likely to attend. Please give notice of unexpected changes.

	MON	TUES	WED	THURS	FRI
AM					
PM					