

***Johnston PTO
After School Program
Pre-registration Form***

Please circle one Fall **2008** Spring 2009

Student's Name: _____ Grade: _____

Mentor Teacher: _____ Home Phone # _____

Parent/Guardian: _____ Work Phone # _____

Address: _____ Cell Phone# _____

Email: _____

Emergency Contact Name: _____

Relationship: _____ Phone# _____

Person(s) Authorized to pick up student: _____

Is your child on any medication? If yes, please list _____

Does your child have any health problems? If yes, please explain _____

Is your child allergic to anything (including food items)? If yes, please list _____

Registration Fee (Non Refundable)	\$ <u>25.00</u>
(Not applicable if currently registered and attending Fall Classes)	
Tuition	\$ _____
Class Fee (if applicable)	\$ _____
Total:	\$ _____
Payment by:	Check # _____ Cash _____

Class	Day/Time
1. _____	_____
2. _____	_____
3. _____	_____