

**After School Literacy Program
Registration Form**

Student's Name: _____

This student is allergic to:

This student has the following medical concerns:

Indicate name of parent/guardian to be contacted if student does not attend the after school program:

Indicate phone number of parent/guardian to be contacted if student does not attend the after school program:

I _____ give permission for _____ to
(print name of parent/guardian) (print name of student)

attend the after school literacy program.

(signature of parent/guardian)

*Please return this form to the main office
at St. John Catholic High School*