

TRINITY AFTER SCHOOL PROGRAM

571 East Main Street
Statesboro, Georgia 30461
(912) 489-1375

**Registration for 2009 – 2010
Child Enrollment**

Child _____ Birth Date _____ Sex: M F

Street _____

City _____ State _____ County _____ Zip Code _____

Home Telephone () _____ Grade _____

Father's Name: _____ Business Phone () _____ Cell: _____

Mother's Name: _____ Business Phone () _____ Cell: _____

E-mail address: _____

Who has permission to pick your child up? _____

Does the student have any special health problems of which the administration should be aware? _____

If so, please explain. _____

In case of emergency, whom may the school contact?

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

I have read and agree to all the policies of the Trinity After School Program; including the payment and late pick up policies.

Signature (Father) _____ Date _____

Signature (Mother) _____ Date _____

For Office Use: Payment: _____ Cash _____ Check # _____

Registration Fee _____