

STONEHAM PUBLIC SCHOOLS

AFTER SCHOOL PROGRAM REGISTRATION FORM

FOR OFFICE USE	
Date Rec'd	_____
Registration Fee	\$25
Check #	_____

Child's Name _____ Grade _____ Male Female

Address _____ Telephone _____

Parent's Status Married Divorced Separated Single Email _____

Father's Name _____ Occupation _____

Employer _____ Work Phone _____

Mother's Name _____ Occupation _____

Employer _____ Work Phone _____

Child's Legal Custodial Parent _____

Stepfather's Name _____ Work Phone _____

Stepmother's Name _____ Work Phone _____

Other Children in the Family:

Name _____ D.O.B. _____ Name _____ D.O.B. _____

Name _____ D.O.B. _____ Name _____ D.O.B. _____

School Year: _____ **Start Date:** _____

Please indicate each day you are registering for (24.00/Day):

Monday Tuesday Wednesday Thursday Friday

Please indicate school you are registering for:

Central Middle School Colonial Park Robin Hood South School

Return completed Registration form with **\$25/family Non-Refundable Registration Fee** to:
Stoneham Public Schools, Business Office, 149 Franklin Street, Stoneham, MA 02180 Attn: After School Program

FOR OFFICE USE ONLY			
SENT UPDATED BILL	_____	SCHOOL INFORMED	_____
LETTERS	_____	STOPPED PROGRAM	_____