

STONEHAM PUBLIC SCHOOLS

BEFORE 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. _____

Please indicate each day you are registering for:

Start Date: _____

Monday Tuesday Wednesday Thursday Friday

Rate: **\$7.00/Day**

Please indicate school you are registering for:

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: Before School Program

FOR OFFICE USE ONLY

SENT UPDATED BILL _____

SCHOOL INFORMED _____

LETTERS _____

STOPPED PROGRAM _____