WORD OF LIFE
LUTHERAN SCHOOL

AFTER-SCHOOL ENROLLMENT FORM 2009/2010

Parent/Guardian's Name: _____ _____
First Middle Last

Parent/Guardian's Name: _____
First Middle Last

Address: _____
City State Zip

Phone: _____
Home Work Other

Please list all children enrolling in the After Care Program:

_____
Name Gender Grade level in 2009/2010

_____
Name Gender Grade level in 2009/2010

_____
Name Gender Grade level in 2009/2010

_____
Name Gender Grade level in 2009/2010

_____ I have made my $25.00 per family registration payment for After Care.

_____ I understand my obligation to stay current on the daily rate of $10.00 per child.

_____ I will comply by the expectations and guidelines enclosed in the After School Program Handbook.

_____
Print Name of Parent or Guardian Signature of Parent or Guardian Date

_____ _____
Print Name of Parent or Guardian Signature of Parent or Guardian Date

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Please return completed enrollment to the Word of Life School Office.
Thank you!