

I wish to register my child for the
Before and After School Program:

Child's Name: _____ Grade/Sept.: _____

School: _____ Bus #: _____

A.M. Kindergarten: _____ P.M. Kindergarten: _____

Parent's Name: _____

Home Address: _____

Town: _____ Zip: _____ Date: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____ Date: _____

Please indicate Day & Time:

A.M. ONLY (7:00-9:00 a.m.)	M	T	W	TH	F
MID DAY (9:00-12:00 p.m.)	M	T	W	TH	F
MID DAY (12:00-3:00 p.m.)	M	T	W	TH	F
P.M. ONLY (Until 5:00 p.m.)	M	T	W	TH	F
P.M. ONLY (Until 6:00 p.m.)	M	T	W	TH	F
A.M. & P.M. (until 5:00 p.m.)	M	T	W	TH	F
A.M. & P.M. (until 6:00 p.m.)	M	T	W	TH	F
GD YOUTH CLUB	M	T	W	TH	F