

# Johnston PTO After School Program Registration Form

Spring/Fall Please circle one.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Mentor Teacher: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone# \_\_\_\_\_

Person(s) Authorized to pick up student: \_\_\_\_\_

Is your child on any medication? If yes please list \_\_\_\_\_

Does your child have any health problems? If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Is your child allergic to anything (including food items) If yes, please list \_\_\_\_\_  
\_\_\_\_\_

<b>Registration Fee (Non Refundable)</b>	\$ <u>25.00</u>
<b>(Not applicable if currently registered and attending Fall Classes)</b>	
<b>Tuition</b>	\$ _____
<b>Class Fee (if applicable)</b>	\$ _____
<b>Total:</b>	\$ _____
<b>Payment by: Check # _____ Cash _____</b>	

Class  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Day/Time  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_