



"Tradition and Excellence since 1913."

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AFTER SCHOOL PROGRAM ~ 2017 - 2018 REGISTRATION FORM

Name: _____ **Grade:** _____

Address: _____

Mother's Name: _____

Phone Numbers:

Home : _____ **Office:** _____ **Mobile:** _____

Father's Name: _____

Phone Numbers:

Home : _____ **Office:** _____ **Mobile:** _____

Person(s) designated to pick up the child other than parent: _____

Relation to child _____

Phone Numbers:

Home : _____ **Office:** _____ **Mobile:** _____

I have read and understand the after school policy handbook, and would like to enroll my child in the after school program as follows:

Please check off **one** of the following:

_____ Full Time- \$210 per month for one child, \$400 for two or more children, includes early dismissal days

_____ Part Time- \$18 per day

please circle day(s) Monday, Tuesday, Wednesday, Thursday, Friday

_____ Early Dismissal Days - \$24 (12:00pm to 5:45pm)



**PRE-K
FOR ALL**

Mr. Jonathan Morano, Principal
j.morano@stbarnabasschool.org

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