

**ORLEANS AFTER SCHOOL ACTIVITIES PROGRAM, INC.**

P.O. Box 2063  
Orleans, Ma 02653

**REGISTRATION FOR \_\_\_\_\_ SCHOOL YEAR**

Child's Name \_\_\_\_\_

Child's Grade ( \_\_\_\_\_ School Year) \_\_\_\_\_ Is your child on an IEP \_\_\_\_\_

Parent's/Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone # \_\_\_\_\_

**\*If self-employed you must write down the name of the business**

Days at work \_\_\_\_\_ Hours at work \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone # \_\_\_\_\_

Days at work \_\_\_\_\_ Hours at work \_\_\_\_\_

\$30 Registration Fee Paid      Cash \_\_\_\_\_ Check # \_\_\_\_\_

Please circle the days that you need your child to attend

**Mon**

**Tues**

**Wed**

**Thurs**

**Fri**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_