

Falcon's Nest
St. Francis of Assisi School Extended Care Program
2019-2020 Registration

Family Name: _____

Address: _____

E-mail: _____

Phone: _____

Parent/ Guardian #1:

Name: _____ **Cell:** _____

Parent/ Guardian #2:

Name: _____ **Cell:** _____

Child(ren)'s Name(s):

Grade in 2019-2020:

_____	_____
_____	_____
_____	_____
_____	_____

Registration Fee (one per family): \$50

This fee is non- refundable and is due at time of enrollment if your child(ren) will be attending Falcon's Nest during the 2019-2020 school year. All families using Falcon's Nest must be registered. Please make checks payable to St. Francis of Assisi School (SFA) with a memo labeled "Falcon's Nest Registration".

Office Use Only: \$50 Registration Fee

Check #: _____ **Cash:** _____ **Rec'd by:** _____ **Date:** _____

Memo:
