

**ST. ANDREW AVELLINO CATHOLIC ACADEMY
AFTERSCHOOL AND EARLY MORNING DROP-OFF**

Family Name: _____

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

AFTERSCHOOL PROGRAM

Full Time: _____ Part Time: _____

List Days: M _____ Tues _____ Wed _____ Thurs _____ Fri

EARLY MORNING DROP-OFF

Parent/Guardian: _____
Please Print

Parent's Signature: _____

Mother

Work Telephone: _____

Cell : _____

Father

Work Telephone: _____

Cell: _____

OR

Name: _____ Relationship: _____

Telephone: _____ Cell: _____

Afterschool Program is open from 2:50 PM (dismissal) until 6:00 PM SHARP.

Please complete the information above and return to your child's homeroom teacher or to the office.

Thank you,
Mrs. Debora Hanna
Principal