REACH Aftercare @ Sts. Peter and Paul 2017-2018 Registration Form

Student Name		Birth date	2017-2018 Grade
	Pare	nt/Guardian Name(s)	
		Address	
Iome		Work	Cellular
		E-mail Address	
	List persons permi	tted to retrieve child fro	om REACH
List allergies o	r other pertinent in	formation, medical hist	ory (use back if necessary)
Hospital and Doctor	Information – I aut	horize REACH to secure	e medical treatment for my child
Af	terCare Monthl	y Tuition: (Please ci	ircle choice.)
	Fulltime	\$150 Four Day \$13	36
Th	ree Day \$108	Two Day \$76 One D	oay \$40
	\$12 p	per day for Drop-ins	
	Payments are d	ue on the first of eac	ch month.
	Fall Registrat	ion Fee: \$50 (nonrefu	ındable)
			Signature
Mail to 100 Fel	icie Drive, Lafay	ette, LA 70506, Joha	nna Cole-Pham 257-5210

reach@lusfiber.net