

ST JOHN THE BELOVED EAGLES CLUB REGISTRATION FORM
For the 2017-18 SCHOOL YEAR

THIS FORM IS FOR NEW FAMILIES AND ANY PRESENT FAMILY
ATTENDING THE EAGLES CLUB THAT WILL BE RETURNING
FOR THE 2017-18 SCHOOL YEAR

PLEASE CHECK: New Student/Family for 2017-18 Returning Student/Family

FIRST TIME APPLICANTS ONLY

All first time applicants (new families) are required to make a one-time \$50.00 per family contribution. Please include this fee with your registration form. PLEASE MAKE CHECKS PAYABLE TO: ST JOHN THE BELOVED EAGLES CLUB

Date paid: _____ Check # _____

FAMILY NAME: _____ ENVELOPE# _____

STUDENT'S NAME _____ GRADE-2017-18 _____ DATE OF BIRTH _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

MOTHER'S NAME _____ FATHER'S NAME _____

ADDRESS _____ ADDRESS _____

EMPLOYER _____ EMPLOYER _____

WORK TELEPHONE _____ WORK TELEPHONE _____

EMERGENCY CONTACTS: (TWO NAMES MUST BE PROVIDED)

NAME	TELEPHONE NUMBER	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____

ATTENDANCE

_____ MY CHILD WILL BE ATTENDING ON: (Circle applicable days)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

TOTAL NUMBER OF DAYS ATTENDING: _____

Parent's Signature _____

DATE _____