

MRASP APPLICATION 2018-2019

CHILD _____ Grade 18-19 _____

CHILD _____ Grade 18-19 _____

Address _____

Home Phone _____

PARENT/GUARDIAN _____

Address _____ E-mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

PARENT/GUARDIAN _____

Address _____ E-mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

NOTE: If the addresses and phone numbers are the same as the child's, just write "SAME".

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Please check the days desired.

Minimum # of days: 1st-5th grades – 2 day minimum
K's – if enrolled for M/W or Th/F 12:30-3, 1 day minimum, excluding Tuesday

Child _____

Child _____

___ Monday 3:00-6:00 K-5

___ Monday 3:00-6:00 K-5

___ Tuesday 12:30-6:00 K-5

___ Tuesday 12:30-6:00 K-5

___ Wednesday 3:00-6:00 K-5

___ Wednesday 3:00-6:00 K-5

___ Thursday 3:00-6:00 K-5

___ Thursday 3:00-6:00 K-5

___ Friday 3:00-6:00 K-5

___ Friday 3:00-6:00 K-5

___ K only Mon/Wed 12:30-3:00
or Thurs/Fri 12:30-3:00

___ K only Mon/Wed 12:30-3:00
or Thurs/Fri 12:30-3:00

* * * * *

Office Use

Date Received _____

Amount _____

Check # _____

[Empty rectangular box]