

Anglican Parish of Rothesay

St. Paul's Church

4 Church Avenue , Rothesay, New Brunswick, E2E 5G4
506.847.1812

www.stpaulsrothesay.com

After School Program Request for Enrollment

Surname: _____ Christian Name: _____

DOB (Y/M/D): _____ Age: _____ Gender: M F

Home Address: _____

Home Phone : _____

Email Address: _____

School Attended: _____

Requested Enrollment Date (Month/Year) _____

On which days would you expect your child to attend the program?

Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

Parents/Guardians

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Mother's Work Number: _____ Father's Work Number: _____

Cell: _____ Cell: _____

Child Resides With: _____