

Forms are due no later than **Monday August 31st** to avoid a \$30 late fee. Send the form to:
ASM@Stpathunt.org

September 2026

Received _____

1. ALL INFORMATION must be filled in on this enrollment form. Send a copy of this form to your child's teacher.
2. If there is ANY change in your original schedule, you must notify ASM, your child's teacher and the school office within 24 hours or you will be charged for time originally scheduled.
3. The daily roster will be locked the night before at 6pm and after will be charged \$10. Any Emergency "day-of" add on will incur a \$10 fee.
4. The credit card on file is charged based on time spent at ASM.

Parents Name / Email _____

Child's Name - _____ **class-** _____ **Teachers name-** _____

Phone number where you can be reached _____

Please list any after school activities that your child will be enrolled in only on the days that he or she will be attending ASM. **MUST write START AND END TIMES for Staffing**

Name	Class	Teacher	<u>Monday:</u> Activity+Time	<u>Tuesday:</u> Activity+Time	<u>Wednesday:</u> Activity+Time	<u>Thursday:</u> Activity+Time	<u>Friday:</u> Activity+Time
1.							
2.							
3.							

***Directions:** **CIRCLE THE DATES** you wish to register your child and put **the approximate PICK UP TIMES** inside the box.

ED - Early Dismissal 11:00

NS - No School

Monday	Tuesday	Wednesday	Thursday	Friday
	NS 1	NS 2	NO ASM 3	NO ASM 4
NS 7	First day ASM 8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	