

Omro After School Program Enrollment

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone: (____) ____ - _____

Parent/Guardian Email: _____

Student Names: _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Dates I plan on having my child(ren) attend the after school program:

(circle all that apply)

Monday Tuesday Wednesday Thursday Friday

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