



2010 - 2011
 Registration
 St. Irene School

FAMILY NAME _____

Father _____ Mother _____

Address _____ City _____

Zip _____ Email _____

Phone Number(s) _____

I wish to enroll the following child(ren) in St. Irene School's PEAK Program
 for the 2010-2011 school year:

NAME _____ GRADE _____ Date of Birth _____

My child will participate in (please circle all that apply):

Before School	M	T	W	Th	F
After School	M	T	W	Th	F
Both Before AND After School	M	T	W	Th	F
After School Extracurricular	M	T	W	Th	F

I understand I am expected to pay a non-refundable \$50.00 per student, or
 \$75.00 per family, registration fee.

 (Signature)

Registration Fee Paid _____ Date Received _____
 (To be filled out by PEAK staff)