

## Our Lady of Mercy Youth Cat Club Registration Form

For the Month of \_\_\_\_\_

Please Print

Family Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Which days would you need the group after school?**

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

What time would you pick up your child? \_\_\_\_\_ **Please note the latest time is 6:30p.m.**

Total for the month: \_\_\_\_\_ Due at the beginning of the month

Primary Contact Number: \_\_\_\_\_ Secondary Contact Number: \_\_\_\_\_

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