

**The Atlanta Academy
Extended School Program
Registration/Information Sheet**

Registration fee: \$30.00 per family _____

(Name of child)	(Date of birth D/M/Y)	(Grade)	(Sex)
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Parent/Guardian Names: _____

Address: _____

Phone: _____

Father's Business _____

Address: _____

Phone: _____

(Cell #)

(Pager #)

Mother's Business _____

Address: _____

Phone: _____

(Cell #)

(Pager #)

This program will be needed: _____

Approximate afternoon pick-up time will be _____.

I have read the ESP packet thoroughly and understand the rules, regulations, and fees of the program.

Parent/ Guardian signature: _____

Date: _____

*Please inform ESP director of any change in number or address.

