



ՀԱՅ ՔՈՅՐԵՐՈՒ ՎԱՐԺԱՐԱՆ  
ARMENIAN SISTERS  
ACADEMY

440 Upper Gulph Road, Radnor PA 19087 • (610) 687-4100 • (610) 687-2430 • [www.asaphila.org](http://www.asaphila.org)

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## AFTERCARE ENROLLMENT FORM

Please print and return this form to the main office with your payment.

I would like my child(ren) to participate in the After School Care Program.

Student's Name: \_\_\_\_\_

Days of Attendance (please check):

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_