

ST. JOSEPH SCHOOL EXTENDED DAY
Registration Form

Child's Full Name	Sex	Birthdate	Grade	Nickname
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Father's Name (Mr./Dr.) _____ Occupation _____

Place of Employment _____ Phone _____

Mother's Name (Ms./Mrs./Dr.) _____ Occupation _____

Place of Employment _____ Phone _____

****PLEASE COMPLETE THE FOLLOWING****

Name of Custodial Parent(s) _____ Phone _____

Address _____ City _____ State _____ Zip _____

*****THE FOLLOWING PEOPLE MAY PICK-UP MY CHILD(REN) FROM THE PROGRAM*****

Name	Relationship to child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate Use (X) of Program	Monday	Tuesday	Wednesday	Thursday	Friday
Days:	_____	_____	_____	_____	_____
Times:	_____	_____	_____	_____	_____

(OVER)

ST. JOSEPH SCHOOL EXTENDED DAY
PARENT AGREEMENT

I consent to the enrollment of my child(ren) _____
in the St. Joseph School Extended Day Program and agree that St. Joseph School shall not be responsible in
case of sickness or injury of my child(ren) at the program facility.

I agree to pay a \$25.00 non-refundable registration fee per family.

I agree to pay \$4.00 per hour, per child for the service and will be charged a minimum of one (1) hour and in
fifteen (15) minute increments thereafter.

I agree to pay a late departure fee of \$1.00 per minute for picking up my child(ren) after 5:45 p.m.

I agree to notify the Extended Day Director in writing of any changes.

I agree to abide by the rules and regulations of the St. Joseph School Extended Day Program (which
also includes the St. Joseph School discipline policy).

I acknowledge that I have read, understand, and agree with the policies and procedures of the St. Joseph
School Extended Day Program.

Signature of Parent(s) _____ Date _____

_____ Date _____

(Office Use Only)

DRP _____

CKNO _____