

**ST. JOSEPH CATHOLIC SCHOOL
EXTENDED DAY PROGRAM
REGISTRATION FORM**

Student's Name _____

Grade & Teacher _____ Date _____

Daily:

Children picked up before 4:00pm \$5 per day, per child

Children picked up after 4:00pm \$15 per day, per child

Monthly:

Charged continuously each month \$200 monthly, per child

**Please read over our parent letter for further information about our rates.

***PLEASE FILL INFORMATION OUT COMPLETELY AND LEGIBLY:

Parent/Guardian Contact Information

Father's Name _____ **Home Phone** _____

Address _____ **Work Phone** _____

City, Zip _____ **Cell Phone** _____

Mother's Name _____ **Home Phone** _____

Address _____ **Work Phone** _____

City, Zip _____ **Cell Phone** _____

Emergency Information:

Child's Doctor _____ **Phone** _____

Address _____

List any allergies or important medical information:

Emergency contact in case of emergency and parents cannot be reached:

1. _____ **Phone** _____

Relationship to child _____

Authorized to pick up child? _____ **YES** _____ **NO**

2. _____ **Phone** _____

Relationship to child _____

Authorized to pick up child? _____ **YES** _____ **NO**

3. _____ **Phone** _____

Relationship to child _____

Authorized to pick up child? _____ **YES** _____ **NO**

Anything you would like EDP Staff to know?:

I have read through all SJCS Extended Day Program information and understand that I will be charged according to the time I pick my child(ren) up each day I choose to use the EDP accommodations.

Parent Signature: _____ **Date:** _____