

## **EXTENDED CARE PROGRAM REGISTRATION FORM for 2023-2024**



Family Name		Family #	
Address			Zip
1	Name of Child		Grade
1	Name of Child		Grade
1	Name of Child		Grade
Father		Business Phone	<u></u>
Cell Phone		Emergency#	
Mother		Business Phone	
Cell Phone		Emergency#	
Parent(s) or	Guardian(s) with whom the chi	ild resides:	
Contact/Bill	ing Email:		
List any chro	onic health conditions (allergies	s, asthma, etc.)	
In addition t	o parents, authorized pick-up p	ersons (must present ID):	
Name	:	Contact #	
Name:	<u> </u>	Contact #	
Name:	:	Contact #	
EXTENDE	D CARE PROGRAM FEE SC	HEDULE	
After School	istration Fee: \$75 per child ol Rates for registered students re for registered students: \$10.0	. 1	
-	ntus: Unregistered drop-ins wou ation fee will need to be paid a	1 1	ld on the first event.
Parents will	arish School reserves the right to be promptly notified in writing this handbook.		•
Parent/Guar	dian Signature:	Date:	