<u>Saint James School Extended Day Program</u> <u>Registration Form</u>

<u>Children's Names</u>				<u>Grades</u>	
ddress:					
	Street		Town	Zip Code	
Parent's/Guardian's Name		Home Telephone		Work Telephone	
			-	Cell Phone	
laasa indisata whatl	her you will be using the Ex	tandad Day Dra	arom full time or	nart tima.	
case marcate which	ier you will be using the Ex	terraca bay i re	Statilitan time of	pare enrice.	
Full-time - \$3,600	for the year $\ \square$ \$6,840 for	r 2 children	□ \$10,080 for 3	3 children	
Please indica	te whether you will be usin	g the program	mornings, afterno	ons, or both:	
□ Mo	ornings \Box	Afternoons		Both	
☐ Part-time - \$10.00	per hour 1 child □\$19.0	0 per hour for	2 children		
	□ \$28.00 per hou	ur for 3 childre	en		
	•				
Please indica					
	te what days and times you	a plan to use the	e Extended Dav Pr	ogram:	
	te what days and times you Day of the Week	_	_	ogram:	
	Day of the Week	_	e Extended Day Pr Afternoons	ogram:	
	<u>Day of the Week</u> Monday	Mornings	Afternoons		
	<u>Day of the Week</u> Monday Tuesday	Mornings	Afternoons	ogram: Occasional use	
	<u>Day of the Week</u> Monday Tuesday Wednesday	Mornings □ □	Afternoons		
	<u>Day of the Week</u> Monday Tuesday	Mornings	Afternoons		
	Day of the Week Monday Tuesday Wednesday Thursday Friday	Mornings	Afternoons		
	Day of the Week Monday Tuesday Wednesday Thursday Friday	Mornings	Afternoons	Occasional use	
Print Name:	Day of the Week Monday Tuesday Wednesday Thursday Friday Person Resp	Mornings	Afternoons	Occasional use	
	Day of the Week Monday Tuesday Wednesday Thursday Friday Person Resp	Mornings	Afternoons	Occasional use	
Print Name: Address:	Day of the Week Monday Tuesday Wednesday Thursday Friday Person Resp	Mornings	Afternoons	Occasional use	
Print Name:	Day of the Week Monday Tuesday Wednesday Thursday Friday Person Resp	Mornings Doonsible for Payi	Afternoons		
Print Name: Address: Home Phone: Email:	Day of the Week Monday Tuesday Wednesday Thursday Friday Person Resp	Mornings Doonsible for Pays Relations	Afternoons	Occasional use	

PLEASE COMPLETE AND RETURN THIS FORM TO THE SCHOOL OFFICE

IF YOU PLAN TO PARTICIPATE IN THE EXTENDED DAY PROGRAM.