

**Saint James School Extended Day Program**  
**Registration Form 2022-2023**

Children's Names

Grades

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Address: \_\_\_\_\_  
Street Town Zip Code

\_\_\_\_\_  
Parent's/Guardian's Name Home Telephone Work Telephone  
\_\_\_\_\_  
Cell Phone

Please indicate whether you will be using the Extended Day Program full-time or part-time:

☐ **Full-time - \$3,775 for the year** ☐ **\$7,172 for 2 children** ☐ **\$10,570 for 3 children**

Please indicate whether you will be using the program mornings, afternoons, or both:

☐ Mornings

☐ Afternoons

☐ Both

☐ **Part-time - \$11.50 per hour 1 child** ☐ **\$21.85 per hour for 2 children**

☐ **\$32.20 per hour for 3 children**

Please indicate what days and times you plan to use the Extended Day Program:

<u>Day of the Week</u>	<u>Mornings</u>	<u>Afternoons</u>
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>

☐ Occasional use

**Person Responsible for Payment**

Print Name: \_\_\_\_\_ Relationship to student(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

(Person responsible for payment)

PLEASE COMPLETE AND RETURN THIS FORM TO THE SCHOOL OFFICE  
IF YOU PLAN TO PARTICIPATE IN THE EXTENDED DAY PROGRAM.