

**Saint Francis Xavier Extended Day
Registration Form 2009-2010**

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Days of Week and Time EDP will be used: _____

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Time am _____ Time pm _____

Family Name _____

Address _____

City, State, Zip _____

Hm. Phone _____

Parent's Name _____ Wk Phone _____

Cell # _____

Parent's Name _____ Wk Phone _____

Cell # _____

Person(s) who may be called in case of illness/emergency if neither parent or guardian can be reached.

Name _____ Phone _____

Name _____ Phone _____

Person(s) designated to pick-up child(ren)

Name	Relationship	Address	Phone
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Special needs and precautions (illnesses, allergies and medications)

Doctor Name: _____ Telephone _____

Choice of Hospital _____

Extended Day Program Registration Fee: \$35.00 1st child, \$10.00 2nd child, \$5.00 3rd child
\$50.00 Maximum per family

Parent or Guardian Signature _____

Registration Fee Paid _____ Check # _____ Date _____