

**Saint Francis Xavier Extended Day
Registration Form 2012-2013**

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 a.m. _____ Time p.m. _____

Family Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Parent's Name _____ Work # _____ Cell # _____

Parent's Name _____ Work # _____ 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 or children:

Name	Relationship	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special needs of the child:

Extended Day Program Registration Fee: \$20.00 1st Child
\$10.00 2nd Child
\$ 5.00 3rd Child

Registration Fee Paid _____ Check # _____ Date _____