

**Saint Francis Xavier Extended Day
Registration Form 2011-2012**

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

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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
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Describe any special needs of the child:

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

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Registration Fee Paid _____ Check # _____ Date _____