Saint James School Extended Day Program
Registration Form

Children's Names	Grades

Address: _____
Street Town Zip Code

_____ _____ _____
Parent's/Guardian's Name Home Telephone Work Telephone

_____
Cell Phone

Person to whom child should be released, other than parent: _____

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

☐ **Full-time - $3,400 for the year**

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

☐ Mornings ☐ Afternoons ☐ Both

☐ **Part-time - $9.50 per hour**

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

Day of the Week	Mornings	Afternoons
Monday	☐	☐
Tuesday	☐	☐
Wednesday	☐	☐
Thursday	☐	☐
Friday	☐	☐

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
BY **AUGUST 1** IF YOU PLAN TO PARTICIPATE IN THE EXTENDED DAY PROGRAM.