

**Saint James School Extended Day Program  
Registration Form**

Children's Names

Grades

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Address:

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Street

Town

Zip Code

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Parent's/Guardian's Name

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Home Telephone

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Work Telephone

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Cell Phone

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

- Full-time - \$3,600 for the year**     \$6,840 for 2 children     \$10,080 for 3 children

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

- Mornings                       Afternoons                       Both

- Part-time - \$10.00 per hour 1 child**     \$19.00 per hour for 2 children  
 \$28.00 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: \_\_\_\_\_

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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.