

**Saint James School Extended Day Program**  
**Registration Form 2019-2020**

Children's Names

Grades

_____	_____
_____	_____
_____	_____
_____	_____

Address: \_\_\_\_\_  
Street
Town
Zip Code

_____	_____	_____
Parent's/Guardian's Name	Home Telephone	Work Telephone
		_____
		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 - \$11.00 per hour 1 child**     **\$20.90** per hour for 2 children  
 **\$30.80** 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"/>	Occasional use
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	

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