

Saint James School Extended Day Program
Registration Form 2020-2021

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.