

**Community of Saints Regional Catholic School
Extended Day Registration Form
School Year**

A \$60.00 non-refundable fee must accompany this registration.

Date: _____ School Last Attended: _____

Child's Name: _____ Date of Birth: _____
(First) (Last)

Mother/Guardian:

Father/Guardian:

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Place of Employment: _____

Place of Employment: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Contract Information:

Start Date: _____

Please indicate the schedule of care your child will need on a weekly basis. This will be considered your contracted hours and you will be billed accordingly. You will be charged monthly based on this registration form regardless of sick days and absences.

(Please indicate times that your child will be at extended day.)

<i>Day</i>	<i>Morning</i>	<i>Afternoon</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

