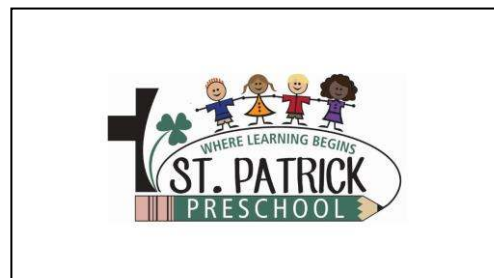


**St. Patrick Catholic School & Preschool  
Extended Day Registration  
Preschool 2018-2019**



The Extended Day program is restricted to students enrolled in St. Patrick's K-8 or Preschool.

\* \* \* \*

This form is to be completed for EACH child being registered and must be accompanied by a  
NON-REFUNDABLE registration fee of \$50.00 per student.

\* \* \* \*

**PLEASE PRINT ALL INFORMATION**

**EXTENDED DAY IS OPEN TO PK3'S AND PK4'S ON DAYS THEY ATTEND SCHOOL**

*Revised:  
9/26/17*

**PRESCHOOL**

**Morning Session: 7:00a – 8:45a**

**Afternoon Session: 11:45a – 6:00p**

**Fees are charged to the next half-hour for any part of a 30-minute period. Mornings are automatically charged for 1 hour regardless of time.**

**STUDENT INFORMATION**

First Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Please Indicate the Days/Times of Expected Attendance**

**\$8.00 per hour**

Please circle the days and indicate the times this child will attend:

Morning Session:

M T W TH F

From: \_\_\_\_\_

Until: \_\_\_\_\_

Afternoon Session:

M T W TH F

From: \_\_\_\_\_

Until: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT INFORMATION

Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Does your child have an EAP? \_\_\_\_\_

**\* If your child requires medication, you will need to provide it for Extended Day as well as the classroom.**

Please list your child's allergies: \_\_\_\_\_

The following adults have my permission to pick up my child(ren):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please note: The registration forms must be submitted and fee must be paid in order for your child to be considered registered for the Extended Day Program. Forms and payment must be made 48 hours before attending. A letter will be sent confirming your registration.**

*For Office Use Only*

Date Received: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_