

St. Bridget School Extended Day Program

Serving St. Bridget School students in grades Pre K through 8

School Age Registration Form 20__ & 20__

Child's Name _____
Last First Middle

Address _____
Street Town Zip

Telephone _____ Emergency Phone _____

Age _____ Birth Date _____ Grade _____

Student Lives With _____ both parents _____ Mother _____ Father _____ other

Father _____
Last First Middle

Father's Occupation _____ Work/Cell Phone _____

Mother _____
Last First Maiden Name

Mother's Occupation _____ Work/Cell Phone _____

Please list the individuals who may pick up your child from the Extended Day Program

Name _____ Relationship to child _____
Address _____ Phone _____

Name _____ Relationship to child _____
Address _____ Phone _____

Name _____ Relationship to child _____
Address _____ Phone _____

(over)

Please list the individuals we may contact in case of an emergency if we are unable to contact you at home or work:

Name _____ Contact Info _____
Address _____

Name _____ Contact Info _____
Address _____

Please list any medical issues or allergies that your child has:

Child's Physician _____ Contact Info _____

School Age Extended Day Usage

Please check the days and times you expect to utilize the Extended Day program on a monthly basis for the school year. This will help determine your Monthly Plan rate.

	Monday	Tuesday	Wednesday	Thursday	Friday
7:00-8:30					
7:30-8:30					
3:30-4:30					
3:30-5:00					
3:30-5:30					

_____ I will use Extended Day on an As Needed Daily Basis

_____ I will use Extended Day on Early Dismissal Days only.

I agree to abide by all the rules and regulations of the St. Bridget School Extended Day program. I understand that Extended Day fees are collected separately from my tuition payments, and I am responsible for paying the fees on a monthly basis due one month in advance.

Parent Signature: _____

Date: _____