

Holy Angels Catholic School Extended Day Program

Extended Day Registration Form

Email: office@holyangelswoodbury.org

Phone: 856-848-6826

Registration fee is \$25.00 per student and must be paid prior to using the Before Care or Extended Day Programs. (Registration fee is one-time payment per student for the use of BOTH Before Care and Extended Day)

The program serves all Holy Angels Catholic School students grades Pre-K through Grade 8.

Please check all that apply and return this form to school. **Below please check ESTIMATED days for morning care and extended day. Please fill out the weekly extended day form each week.

Before School Program

Monday ____

Tuesday ____

Wednesday ____

Thursday ____

Friday ____

Extended Day Program

Monday: 1__ 2__ 3__ hrs.

Tuesday: 1__ 2__ 3__ hrs.

Wednesday: 1__ 2__ 3__ hrs.

Thursday: 1__ 2__ 3__ hrs.

Friday: 1__ 2__ 3__ hrs.

*First Friday half day 1__ 2__ 3__ 4__ 5__ 6__ hrs.

Child's Name _____ Date of Birth _____

Grade _____ Teacher _____

Parent/Guardian: _____

Address: _____

Telephone: _____ Cell Phone: _____

_____ Email _____

Signature: _____

Does your child have food allergies/medical concerns? Please explain _____

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Release Authorization

STUDENT'S NAME: _____

Grade: _____

Please list names of anyone authorized to pick-up your son/daughter from Extended Day. Individuals must be 18 years or older. These individuals must report to Extended Day to sign your son/daughter out of the program.

My son/daughter may be released only to the following individuals.

Name: _____

Relationship: _____ Tel#: _____

Name: _____

Relationship: _____ Tel#: _____

Name: _____

Relationship: _____ Tel#: _____

Name: _____

Relationship: _____ Tel#: _____

Name: _____

Relationship: _____ Tel#: _____

Parent/guardian signature and Cell Phone #:

Parent/guardian signature and Cell Phone #: