

**HOLY ANGELS CATHOLIC SCHOOL**

**EXTENDED DAY PROGRAM REGISTRATION FORM**

Cash \_\_\_\_\_ Check# \_\_\_\_\_ Date Paid \_\_\_\_\_

**REGISTRATION FEE IS \$25.00 per STUDENT**

**Cost is a "Flat Daily Rate" of \$11.00 per Student per day & \$18.00 on 1/2 Days**

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

**My Child/Children will attend Extended Day on the following days as needed:**

**MON. TUES. WED. THURS. FRI.**

\_\_\_\_\_

My child/Children will attend from dismissal until: \_\_\_\_\_  
(approx)



**Extended Day is available from 2:30–6:00 & 12:30–6:00 on 1/2 Days.  
If school closes early due to weather, Extended Day would not be open.**

**\*Additional Fees will be charged for "Late Pick-Ups"\***

**EMERGENCY CONTACTS**

**WHERE PARENT OR PERSONS THAT MAY PICK-UP YOUR CHILD CAN BE REACHED  
IF NOT AT HOME**

NAME \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

NAME \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

NAME \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medications: \_\_\_\_\_ Allergies \_\_\_\_\_

Other Pertinent Medial Information: \_\_\_\_\_

- Registration is required for ALL children regardless of the frequency of use◦
- Every student must have a registration form on file BEFORE they will be permitted to attend◦
- The **\$25.00** Registration Fee (per student) must accompany this form◦
- Extended Day Personnel CANNOT dispense medication to students or take students into the main building after dismissal to retrieve personal items◦
- ALL outstanding balances must be cleared before registration can take place for the coming school year!◦

**Please pack your own snack and drink for this program.**

*We recommend that you register your child even if you do not intend to use the service*