



HOLY FAMILY CATHOLIC SCHOOL

"Shaping lives and creating a bright future together in faith, knowledge and love."

EXTENDED DAY STUDENT REGISTRATION 2009 – 2010

Family Last Name _____

Home Telephone _____

Student Name _____ DOB _____ GRADE _____

Student Name _____ DOB _____ GRADE _____

Student Name _____ DOB _____ GRADE _____

Student Name _____ DOB _____ GRADE _____

Father's Name _____

Work Telephone # _____

Cell Phone # _____

Mother's Name _____

Work Telephone # _____

Cell Phone # _____

Emergency Contact Name (if parent cannot be reached) _____

Emergency Contact Telephone # _____

CHECK PROGRAM

____ AS NEEDED

Weekly (2:45 p.m. – 6:30 p.m.)

August – May (\$44.00 per week)

1-2 Days per week

August – May (\$13.00 per day) **Please make checks payable to: Holy Family**

(3 Days charged as a week)

Catholic School Extended Day

Families needing financial assistance must submit a written request for application to the principal in a sealed envelope at the time of re-registration. Information and instructions for application will be forwarded to you upon receipt of your request.

Payments are due **BEFORE** the first of each month. A **\$10 late fee** will be charged for payments not paid before the 1st of each month. There is a \$25 service fee added to all returned checks.

Date my child/children will start attending: _____

By signing this form I agree to read the Extended Day Program handbook and adhere to all school policies. Please return this form with a \$25 registration fee for each child.

Parent Signature _____

Date _____

OFFICE USE ONLY

Registration Fee _____ Check # _____ Date _____ Registrar Name _____

