

**ST. FRANCIS OF ASSISI SCHOOL**  
**REGISTRATION FORM - EXTENDED SCHOOL DAY PROGRAM**

FAMILY NAME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MOTHER'S BUSINESS PHONE: \_\_\_\_\_

FATHER'S BUSINESS PHONE: \_\_\_\_\_

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

ANY KNOWN HEALTH PROBLEMS: \_\_\_\_\_

\_\_\_\_\_

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**DAYS PROGRAM WILL ROUTINELY BE UTILIZED:**

\_\_\_ FULL TIME: MONDAY THROUGH FRIDAY

\_\_\_ PART TIME: MON. \_\_\_ TUES. \_\_\_ WED. \_\_\_ THURS. \_\_\_ FRI. \_\_\_

Expected pick-up time each day: \_\_\_\_\_

Person picking up your child/children: \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_

ask that my son/daughter be permitted to participate in the Extended School Day Program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date