



**2019-2020 EXTENDED DAY PROGRAM
REGISTRATION FORM**

Student(s) Last Name: _____

1. **Student First Name:** _____ **Grade** _____
2. **Student First Name:** _____ **Grade** _____
3. **Student First Name:** _____ **Grade** _____
4. **Student First Name:** _____ **Grade** _____

Yearly Registration Fee: \$10 per family will be billed to your Smart Tuition account.

Early Bird Club (before school)

Days: M - T - W - Th - F

- Every week that school is in session
- As needed
- On the following dates:

Drop Off Time:

Archangel Club (after school)

Days: M - T - W - Th - F

- Every week that school is in session
- As needed
- On the following dates:

Expected Pick-Up Time

Person(s) authorized to pick up child/children other than parent/guardian:

Name _____ Phone _____
Name _____ Phone _____

Please share any information that would be useful in providing care for your child's needs:

Person to be notified in case of an emergency when parents/guardians are unavailable:

Name _____

Relationship to Child _____ Phone: _____