



**EXTENDED DAY PROGRAM  
REGISTRATION FORM**

School Year: \_\_\_\_ - \_\_\_\_

Student(s) Last Name: \_\_\_\_\_

1. Student First Name: \_\_\_\_\_ Grade \_\_\_\_\_
2. Student First Name: \_\_\_\_\_ Grade \_\_\_\_\_
3. Student First Name: \_\_\_\_\_ Grade \_\_\_\_\_

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

Note: No aftercare is provided on half days

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: \_\_\_\_\_