

2017-2018 Extended Day Program
Registration Form
\$25.00 registration fee

Child's name _____

Child's name _____

Child's name _____

Responsible Party Name _____

Address _____

Phone # _____

(payment is billed monthly-payment must be made directly to the St. Rose of Lima Parish Office-any billing questions, please contact Joanne Mackowsky at 458-0283.

Mother's name _____

Work # _____ cell# _____

Home# _____ E-Mail _____

Home address _____

Father's name _____

Work # _____ cell# _____

Home# _____ E-Mail _____

Home address _____

Other than parents, please list authorized adults who have permission to pick-up your child/children from the Extended Day Program.

	<u>Name</u>	<u>Phone</u>	<u>Relationship to child</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies or any special needs to help us better care for your child/children _____

I understand my commitment in registering my child/children in the St. Rose Extended Day Program, and agree to the fees and monthly billing cycle.

Parent's Signature _____ Date _____

Director's Signature _____ Date _____