

HOLY NAME SCHOOL – REGISTRATION FORM
EXTENDED DAY PROGRAM

Student Name: _____ Grade: _____

Address: _____ Date of Birth: _____

Parent/Guardian: _____ Tel.#Home _____

Tel.# Work _____ Cell Phone # _____

If there is an emergency and we are unable to contact you, who should be called?

1. _____ Tel.# _____

2. _____ Tel.# _____

List of people who are authorized to pick-up your child.

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

4. _____ Relationship _____

Please list important medical information on the back of this registration form for your child.

Circle the days your child will be attending the program.

Monday Tuesday Wednesday Thursday Friday

Approximately what time will you be picking up your child? _____

PROGRAM COSTS: \$4.00 per hour for the first child, and \$3.00 per hour for each additional child in the family, paid on a weekly basis.

Please make checks payable to Holy Name School and note on the check, E.D.P. All payments must be made on Monday for the previous week attended. **No child will be allowed in the Program if their account is in arrears.**

CHANGE OF SCHEDULE: If your child is not going to be using the program on a scheduled day, please send a note in with your child advising their homeroom teacher how they will be transported that day.

For Example: If you regularly use the program Mon.-Fri. and something arises and you will not need the services on Tuesday, then on Tuesday morning you would send a note in advising your child's homeroom teacher that you would be picking up your child up that afternoon instead of going to Extended Day Program.

The attached letter is for your information about the EDP program. Please read it carefully. Keep the upper portion for reference and return the lower section.

Registration fee is \$20.00 and must be paid before your child(ren) can attend the program.

REGISTRATION FEE: \$20.00 per child paid _____ DATE _____