



**SAINT**  
**JOHN PAUL II**  
 ~ Regional School ~

**EXTENDED DAY SCHOOL PROGRAM  
 2018-2019 SCHOOL YEAR ENROLLMENT FORM**

856-906-3203 (After School Number) Coordinator – Mrs. Patricia Todd

STUDENT NAME

GRADE/YEAR


STUDENT ADDRESS:

<b>Street</b>		
<b>City</b>	<b>Zip</b>	<b>Telephone</b>

PARENT OR GUARDIAN:

<b>Name(s)</b>		
<b>Address (If different from Student's) Street</b>	<b>City</b>	<b>Zip</b>

Email/Phone Numbers:

<b>Email</b>		
<b>Home</b>	<b>Work</b>	<b>Cell</b>

***SPECIAL NEEDS/DIETARY RESTRICTIONS:***

Alternate Emergency Contact:

**Name(s)** \_\_\_\_\_ **Phone** \_\_\_\_\_

<b>TIMES NEEDED:</b>		<b>BEFORE CARE (6:00AM – 8:30AM)</b>
<b>After Care</b>		<b>REGULAR SCHOOL DAY (3:00 PM – 6:00 PM)</b>
		<b>HALF SCHOOL DAY (1 PM– 6:00 PM)</b>

**PARENT'S SIGNATURE:** \_\_\_\_\_

**Registration Fee of \$20 per family must accompany this form.**