



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:

Street		
City	Zip	Telephone

PARENT OR GUARDIAN:

Name(s)		
Address (If different from Student's) Street	City	Zip

Email/Phone Numbers:

Email		
Home	Work	Cell

SPECIAL NEEDS/DIETARY RESTRICTIONS:

Alternate Emergency Contact:

Name(s) _____ **Phone** _____

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

PARENT'S SIGNATURE: _____

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