SAINT JOHN PAUL II
~ Regional School ~

EXTENDED DAY SCHOOL PROGRAM
2021-22 SCHOOL YEAR ENROLLMENT FORM

STUDENT NAME GRADE/YEAR

_____ _____

_____ _____

_____ _____

STUDENT ADDRESS:

_____

Street

_____ _____ _____

City **Zip** **Telephone**

PARENT OR GUARDIAN:

_____

Name(s)

_____ _____ _____ _____

PHONE Home **PHONE Work** **PHONE Cell**

SPECIAL NEEDS/DIETARY RESTRICTIONS:

_____

Alternate Emergency Contact:

Name(s) _____ **Phone** _____

TIMES NEEDED: ___ **BEFORE CARE (6:30 AM – 8:30 AM CIRCLE M-T-W-TH-F)**

After Care ___ **SCHOOL DAY (3:00 PM – 6:00 PM CIRCLE M-T-W-TH-F)**

___ **HALF SCHOOL DAY (1 PM– 6:00 PM)**

PARENT'S SIGNATURE: _____

RETURN THIS FORM WITH $20 BY AUGUST 28, 2021. THE BEFORE AND AFTER CARE PROGRAM WILL NOT BEGIN UNTIL SEPTEMBER 7, 2021