



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

**EXTENDED DAY SCHOOL PROGRAM  
 2022-23 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 26, 2022. THE BEFORE  
 AND AFTER CARE PROGRAM WILL NOT BEGIN UNTIL  
 SEPTEMBER 6, 2022**