



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

**EXTENDED DAY SCHOOL PROGRAM  
 2024-25 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 – 8:00 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 29<sup>th</sup>, 2024. THE BEFORE AND AFTER CARE PROGRAM WILL NOT BEGIN UNTIL SEPTEMBER 4<sup>th</sup>, 2024**