

**EXTENDED DAY PROGRAM  
REGISTRATION FORM**

Return with \$15.00 fee per family

Before School Program

\_\_\_ Yes, my child(ren) will attend, arriving at approx. \_\_\_\_\_ a.m. I have circled the days I plan to use the program:

**ALL WEEK      MON.      TUES.      WED.      THURS.      FRI.**

\_\_\_\_\_ I would like to register my child(ren), but will use the program occasionally.

After School Program

\_\_\_ Yes, my child(ren) will attend until \_\_\_\_\_ p.m. I have circled the days I plan to use this program:

**ALL WEEK      MON.      TUES.      WED.      THURS.      FRI.**

\_\_\_\_\_ I would like to register my child(ren), but will use the program occasionally.

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

I have read and understand the policy regarding the Before/After School Program and agree to abide by this policy. I give my permission for my child to participate in the St. Louis School Extended Day Program.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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