

**SAINT ANDREW CATHOLIC SCHOOL EXTENDED DAY PROGRAM 2020-2021**  
**REGISTRATION FORM**  
**\$25 Registration Fee**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_ EPI PEN \_\_\_\_\_

Mother/Guardian                      Father/Guardian

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Circle Days Needed:

*Monday          Tuesday          Wednesday          Thursday          Friday*

*Before & After          Before Only          After Only*

**\*\*\*\$25 Registration fee per child\*\*\***

Office Use Only
Date Rcvd: _____
Check #/Cash _____
Amount Rcvd: _____