



**SAINT ANDREW CATHOLIC SCHOOL EXTENDED DAY PROGRAM 2023-2024**  
**REGISTRATION FORM**

**\$35 Registration Fee (per child) - PreK through 8th Grade**

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/Times Needed:

*Monday      Tuesday      Wednesday      Thursday      Friday*

*Before & After                  Before Only                  After Only*

**\*\*\*\$35 Registration fee per child\*\*\***

**Please attach the fee to this form.**

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

