



SAINT ANDREW CATHOLIC SCHOOL EXTENDED DAY PROGRAM 2024-2025
REGISTRATION FORM

\$35 Registration Fee - Kindergarten 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*****

Attach registration fee to form

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

