



ST. JOSEPH CATHOLIC SCHOOL

Building Wisdom and Faith Through Service to God

ST. JOSEPH CATHOLIC SCHOOL EXTENDED DAY ENROLLMENT FORM 2021-22

FAMILY NAME: _____

Children to be enrolled:	Grade
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Mother's best contact number _____ alternate# _____

Father's best contact number _____ alternate# _____

Please provide email addresses to be reached during the day in case of emergency announcements, news, and information. _____

Please indicate the days your child(s) will be attending Extended Day. The school's Finance Office will determine the monthly payment due. A copy of this contract will be returned for your records.

	Before School	After school
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Office Use Only:

TOTAL NUMBER OF DAYS PER WEEK (before care) _____

TOTAL NUMBER OF DAYS PER WEEK (after care) _____

NUMBER OF CHILDREN ENROLLED _____

MONTHLY PAYMENT DUE _____