



Registration Form

(One Per Child)

Fee: \$40 / Child (*\$100 max per family)
Extended Day: \$15 / Day / Child or \$50 for whole week.

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

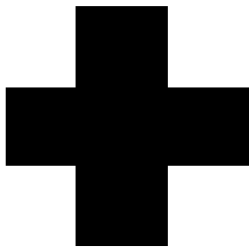
Home telephone: (____) _____

Parent/caregiver's cellphone: (____) _____

Home email address: _____

Extended Day: Circle Day(s)
Monday (7/26) Tuesday (7/27) Wednesday (7/28) Thursday (7/29) Friday (7/30)
Child must bring own lunch

Allergies, medical conditions, or special needs: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

For Office Use:
Registration Fee: \$40.00 # **Extended Day(s):** _____ **x \$15.00**
Total: _____ **(Cash** _____ **Check#** _____ **CC** _____ **)**
Please make checks payable to St. Mark the Evangelist.