

2020 -2021 SCHOOL YEAR

ST. BONAVENTURE CATHOLIC SCHOOL

EXTENDED DAY PROGRAM

REGISTRATION FORM

Please complete ALL information printing CLEARLY and notify us of any changes during the year.

STUDENT'S FAMILY NAME _____ DATE: _____

CHILD'S NAME _____ GRADE IN SEPT. _____

CHILD'S NAME _____ GRADE IN SEPT. _____

CHILD'S NAME _____ GRADE IN SEPT. _____

Mother's Name _____ Phone: _____ Email address _____

Father's Name _____ Phone: _____ Email address _____

CHILD LIVES WITH: MOTHER or FATHER or BOTH PARENTS or OTHER _____

**If living with one parent, may child be released to non-custodial parent at any time?

Yes _____ No _____. If no, please submit copy of custody arrangement with schedule.

I understand that all emergency information supplied at registration applies to the Extended Day pick up program also. PLEASE ADD ADDITIONAL NAMES AND PHONE NUMBERS FOR PICK UP TO BACK OF FORM.

USAGE INFORMATION for 2020-2021

Put an X or child's name on the times you will be using REGULARLY.

Table with 6 columns: Day, Late Start (3rd Wednesday), Before School (6:45am- 7:50am), Sprouts (1:30 - 3:00pm), After School (2:45 - 6:00pm), On Call ONLY. Rows include Monday, Tuesday, Wednesday, Thursday, Friday.

I will be paying Hourly Monthly Both: Please explain _____

PG MOVIE PERMISSION SLIP

I grant permission for my student (S) to view PG rated movies.

PARENTAL RELEASE FOR AFTER SCHOOL ACTIVITIES

I grant permission for my student(s) to participate in St. Bonaventure after school activities including, but not limited to Scouts, Choir, Mythology, Student Council, Sport Teams, Altar Service Training, Geography and Spelling Bee's.

Signature _____ Print Name _____ Relationship to Child _____ Date _____

Please return this completed form to Celeste Flynn in Extended Day with \$75.00 per family yearly registration fee made out to St. Bonaventure School with Extended Day written in memo.