

2019-2020

Reg. Fee \$ _____
Date _____
Check# _____
Cash _____

Date: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip code: _____

Home Phone: _____

Mothers Work Phone: _____ Cell Phone: _____

Fathers Work Phone: _____ Cell Phone: _____

E-mail address: _____

Child's Name	Date of Birth	Grade in Fall

Please include a check or money order (made payable to St. Clare Extended Day) for the Registration Fee.

(An emergency card & health form for EACH child and a family contract are required before you may use the program.)