

# ST. CLARE OF MONTEFALCO EXTENDED DAY REGISTRATION

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 \$100 check or money order (made payable to St. Clare) for the  
Registration Fee.**

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

Revised 1/2020