

St. Francis Xavier School
20-21 Extended Care Program Enrollment Form

Parent Last Name: _____

Parent First Name: _____

Email: _____

Home Phone: _____

Mother Cell Phone: _____

Father Cell Phone: _____

_____ Yes, we are interested in BEFORE school care for our child(ren).

_____ Yes, we are interested in AFTER school care for our child(ren).

Child's Name

Grade

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I/we have read the St. Francis Xavier Extended Care Handbook and understand our responsibility in the matters included in this handbook. I/we have discussed the appropriate items with my/our child(ren).

Parent/Guardian Signature

Date