



St. Jane Frances de Chantal School

A Catholic tradition in Academic Excellence

1900 Washington Blvd, Easton, PA 18042 jdicker@stjaneschool.com

Please complete and print clearly. Please attach a \$20 application fee and return to the office. Thank you.

Student Name:	Class
Address:	Home Phone #
Known Allergies/Medical Conditions:	
Student Name:	Class
Address:	Home Phone #
Known Allergies/Medical Conditions:	
Student Name:	Class
Address:	Home Phone #
Known Allergies/Medical Conditions:	
Student Name:	Class
Address:	Home Phone #
Known Allergies/Medical Conditions:	
RESPONSIBLE PARTY	
Father's Name:	Day time Phone #
Address	Cell Phone #
Mother's Name	Day time Phone #
Address	Cell Phone #

EMERGENCY CONTACT NAME <i>(other than parent)</i>	
Home Phone	Cell Phone
EMERGENCY CONTACT NAME <i>(other than parent)</i>	
Home Phon	Cell Phone
NAME OF AUTHORIZED TO PICK UP STUDENT <i>(other than parent)</i>	
Home Phone	Cell Phone
NAME OF AUTHORIZED TO PICK UP STUDENT <i>(other than parent)</i>	
Home Phone	Cell Phone

I have read and will fully comply with the Extended Care Operating Procedures. I understand that non-payment will result in a \$50 service fee and termination of the Extended Care Privileges.

Parent/Guardian Signature:
Please print First and Last Name clearly:

Office Use Only			
<i>(Before accepting the application, please make sure all necessary information is complete)</i>			
Date Received:	Amount:	Cash	Check #