ST. BERNADETTE SCHOOL
EXTENDED DAY REGISTRATION FORM

(*Please type or print all information)*

Student's Name_____Grade_____M_____F____
(first name) (Last Name) (Middle Initial)

Address:_____ Home Phone#_____
(no.) (Street) (City) (Zip Code)

E-Mail Address:_____

DAYS ATTENDING EXTEDED DAY PROGRAM: MON___ TUES___ WED___ THURS___ FRI___

Name of Parent(s) or Guardian(s) with whom the child lives:_____

If separated/divorced: Name, address and phone of non-custodial parent: _____

Father's Name:_____ Work phone#_____

Cell # _____

Occupation:_____

Mother's Name:_____ Work phone#_____

Cell # _____

Occupation:_____

Signature (Custodial Parent/Guardian): _____ Date: _____

FEES AND PAYMENTS

The Registration Fee for the Extended Day Program is $50.00 per family.

Monthly Fee schedule for the Extended Day Program:

Full time (5 days per week) $425
4 days per week $365
3 days per week $310
2 days per week $260
1 day per week $175
Drop in fee (per day) $40