

REGISTRATION FORM FOR ST. JOSEPH CATHOLIC SCHOOL EXTENDED CARE

2024-2025 School Year

Please complete this registration form for your family if you plan on using afternoon Extended Care this school year.



Family Name _____

Student name(s) and grade(s)

Mother's Name _____ Mother's Cell #: _____

Father's Name _____ Father's Cell #: _____

Please include any specific issues pertaining to authorized student pickup:

Registration Fee of \$40.00 per family is to be returned with this form.

Supply Fee of \$15 per child is to be returned with this form.

Please make checks payable to St. Joseph School Extended Care.