

**REGISTRATION FORM FOR ST. JOSEPH CATHOLIC SCHOOL EXTENDED CARE**

**2022-2023 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.**