

Sacred Heart School Extended Day Registration
2008-2009

<u>Child(ren)'s Name(s)</u>	<u>Care Requested</u>
	A.M. P.M. Both
1. _____	_____
2. _____	_____
3. _____	_____

Parent/ Guardian Names(s) _____
Address _____
Phone Number _____

I/We anticipate using the program (check appropriate sections):

The following mornings: M__T__W__Th__F__All__

The following afternoons: M__T__W__Th__F__All__

On days of attendance, my child(ren) will arrive before school at approximately _____ a.m. and/or be picked up at approximately _____ p.m. after school.

Parent/Guardian Signature



Paid _____ on _____ Cash _____ Check _____
(amount) (date) (number)