

Registration for 2010-2011

PLEASE RETURN TO THE SCHOOL OFFICE BY APRIL 1, 2010
(DEPOSIT OF \$25.00/FAMILY MUST ACCOMPANY THIS FORM UNLESS
PAID AT K-4 PROGRAM)

ST. MONICA EXTENDED SCHOOL PROGRAM / GRADES 5-8 STUDY HALL

Student's Name _____ Grade (2010-2011) _____ Birthdate _____
Student's Name _____ Grade (2010-2011) _____ Birthdate _____
Address _____ Home Phone _____
Mother's Name _____ Father's Name _____
Address* _____ Address* _____
(*only if different from that of the student) E-mail _____
Phone/Home _____ Work _____ Phone/Home _____ Work _____
Cell _____ Cell _____
Work Hours _____ Work Hours _____
Student's Doctor _____ Phone _____
Address _____

PLEASE LIST ALLERGIES (food, etc.) AND OTHER MEDICAL CONSIDERATIONS

IN THE EVENT THE PARENTS CANNOT BE REACHED, PLEASE LIST TWO PERSONS WHO MAY BE CONTACTED IN THE CASE OF ILLNESS OR EMERGENCY.

Name _____ Phone/Home _____ Work _____
Relationship to Student _____
Name _____ Phone/Home _____ Work _____
Relationship to Student _____

LIST BELOW ANY PERSONS WHO MAY NOT PICK UP THIS STUDENT

Name _____ Name _____

LIST BELOW ANY PERSONS OTHER THAN THE PARENTS WHO HAVE PERMISSION TO PICK UP THE STUDENT. INCLUDE OLDER BROTHERS, SISTERS, COACHES AND ST. MONICA PARENTS.

Name _____ Name _____
Name _____ Name _____
Name _____ Name _____

REGISTRATION OPTIONS:

Please indicate below the days when your student will be attending the program. If your student will be absent on a regular day, please notify the program at 214-351-5688 extension 122.

___ My student will attend on a full time basis at the weekly rate. (Example: Student is picked up after 4:30 and pays the flat rate no matter how long he/she stays up to closing time or Study Hall is used as day care.)

___ My student will attend on a part time basis at the hourly rate. (Example: Student does not attend every day or is picked up by 4:30 most days.)

My student will attend the Extended School Program the following days.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Signature of Person Financially Responsible for This Account

Date