



ST. MARY OF THE LAKE SCHOOL

Extended Day Registration Form 2011-2012

Registration Form

Date Received _____
 Amount \$30 per Child
 Date Paid _____
 Form of Payment _____
 Amount Paid _____
 Entered _____
 For Office Use Only

Father/Legal Guardian Information: Home Phone _____ Cell Phone _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Email(s) _____
 Work Phone _____ Employer _____

Mother/Legal Guardian Information: Home Phone _____ Cell Phone _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Email(s) _____
 Work Phone _____ Employer _____

Child's Name (Last, First, MI): _____ Grade: _____ DOB: _____
 Child Resides with: Both Parents Father Mother Other _____ Gender _____
Child's Name (Last, First, MI): _____ Grade: _____ DOB: _____
 Child Resides with: Both Parents Father Mother Other _____ Gender _____
Child's Name (Last, First, MI): _____ Grade: _____ DOB: _____
 Child Resides with: Both Parents Father Mother Other _____ Gender _____

Additional Authorized People To Pick Up Your Child/ren:

Name _____ Phone # _____ Relationship _____
 Name _____ Phone # _____ Relationship _____
 Name _____ Phone # _____ Relationship _____

Any other information you would like to share _____

Program Offerings

Indicate days (X) that you wish to register your child for:

<i>\$12.50 /PM</i>	Mon	Tue	Wed	Thu	Fri	Fee
Child's Name						
Child's Name						
Child's Name						

After School:
 2:15 PM-6:00 PM
 (Includes Snack)

Person responsible for payments signature _____

Date _____

Please attach the \$30 non-refundable per child registration fee payable to St. Mary of the Lake.