

**PUPIL EXTENDED CARE PROGRAM APPLICATION**

<u>NAME(S)</u>	<u>DATE OF BIRTH</u>	<u>GRADE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Child's address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Cell Phone Number** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

**Work Place** \_\_\_\_\_

**Work Phone Number** \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_

**Emergency Contact Person's Phone Number** \_\_\_\_\_

**In the event that there is an early dismissal, how is your child to be transported home?** \_\_\_\_\_

**Attached is my non-refundable registration fee of \$30.00 per child, made out to St. Veronica Extended Care.**

**Interest in:**

**A.M.** \_\_\_\_\_

**P.M.** \_\_\_\_\_

**Both** \_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**