

EXTENDED DAY Registration Form • 2009-2010

Family Information

Students' Last Name _____ Home Phone # _____
 Address (Street) _____ (City) _____ (Zip) _____

Student Information

Student's First Name _____ Grade Entering 2008 _____ Sex F M Birth Date ____/____/____
Month Day Year

Student's First Name _____ Grade Entering 2008 _____ Sex F M Birth Date ____/____/____
Month Day Year

Student's First Name _____ Grade Entering 2008 _____ Sex F M Birth Date ____/____/____
Month Day Year

Student's First Name _____ Grade Entering 2008 _____ Sex F M Birth Date ____/____/____
Month Day Year

Parent Information

Father's Name (Last) _____ (First) _____
 Home Phone # _____ Cell Phone # _____ Employment Phone # _____
 Employment Email Address _____ Employment Work Hours _____

Mother's Name (Last) _____ (First) _____
 Home Phone # _____ Cell Phone # _____ Employment Phone # _____
 Employment Email Address _____ Employment Work Hours _____

Student(s) will attend		M	T	W	T	F	
Early Morning Hours	6:30-8:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After School Hours	3:00-6:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Occasional Use	3:00-6:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not sure what days <input type="checkbox"/>

Payment Options Payments are due in Advance. (ex. The Month of September's payment is due beginning of September.)

- Select One
- Cash (payable to Our Lady of Peace)
 - Check/Money Order (payable to Our Lady of Peace)
 - ACH Withdrawal (attach a voided check)
 - Visa/MC (Contact Director for Finances at 612.824.3455, ext. 509)

Signature

Parent/Guardian Signature _____ Date _____