

ST. JULIANA FALCONIERI SCHOOL  
EXTENDED CARE PROGRAM  
2018/2019 REGISTRATION FORM

*Please print all information clearly. Notify us of any changes during the year.*

Please attach your \$35 registration fee and your first month's payment.

STUDENT'S FAMILY LAST NAME \_\_\_\_\_

Children to be Enrolled:

CHILD'S NAME \_\_\_\_\_ GRADE IN AUG. \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE IN AUG. \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE IN AUG. \_\_\_\_\_

Mother's

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Indicate type of care desired:

1 Monthly Rate:                      Before School                      After School                      Both

2 Block of Hours:                      Hourly charge

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date