

St. William of York Catholic School  
**EXTENDED DAY PROGRAM REGISTRATION**

FAMILY NAME: \_\_\_\_\_

CHILD'S NAME:	AGE:	GRADE:	ALLERGIES:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Mother**

**Father**

Name	_____	_____
Home Address	_____	_____
Home Phone	_____	_____
Employer	_____	_____
Work Address	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____

Authorized Persons to pick-up \_\_\_\_\_

Unauthorized Persons to pick-up \_\_\_\_\_

I have read and agree to follow the policies and procedures  
of St. William of York's Extended Day Program.

Office Use:

\_\_\_\_\_ \$25.00 registration fee

\_\_\_\_\_ ER Form Attached

\_\_\_\_\_ Custody Paperwork

\_\_\_\_\_ Date \_\_\_\_\_

Below please fill in the expected days with times that you will need your child in extended day.

	AM Extended Day (drop-off time)	PM Extended Day (pick-up time)
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Early dismissal days      yes                  no                  occasional

Below please inform us of any afterschool activities that you expect your child will be participating in so that we will know where your child is and when to expect them.

	Child's Name	Afterschool Activity	Days	Time Activity Ends
1.				
2.				
3.				
4.				
5.				