

St. William of York Catholic School  
EXTENDED CARE REGISTRATION

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

NAME OF CHILD(CHILDREN):      AGE:      GRADE:

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

ADDRESS: \_\_\_\_\_

MOTHER

FATHER

HOME#: \_\_\_\_\_

CELL#: \_\_\_\_\_

WORK#: \_\_\_\_\_

Office Use:

\_\_\_\_ \$25 registration fee paid

\_\_\_\_ ER form copy attached

\_\_\_\_ Custody Paperwork