

**St. Damian School  
EXTENDED DAY PROGRAM  
Application for 2017-2018 School Year**

CHILD(REN)'S NAME(S)	BOY	GIRL	GRADE	RM#	AM	PM
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Child(ren)'s Home Address**

\_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell #'s MOM** \_\_\_\_\_ **DAD** \_\_\_\_\_

**Parent(s)/Guardian(s) Names:** \_\_\_\_\_

**I ANTICIPATE USING THE PROGRAM (X THE APPROPRIATE SECTION)**

\_\_\_\_\_ **EVERY MORNING BEFORE SCHOOL**  
\*Approximate drop off time \_\_\_\_\_

\_\_\_\_\_ **TO BE DETERMINED WEEKLY**

\_\_\_\_\_ **OCCASSIONALLY BEFORE SCHOOL**  
\*Approximate drop off time \_\_\_\_\_

\_\_\_\_\_ **OTHER** \_\_\_\_\_

\_\_\_\_\_ **EVERY DAY AFTER SCHOOL**  
\*Approximate pick up time \_\_\_\_\_

\_\_\_\_\_ **OCCASSIONALLY AFTER SCHOOL**  
\*Approximate pick up time \_\_\_\_\_

**If more than 1 child is attending which child would you like your Extended Day bill to go to:** \_\_\_\_\_ **Room:** \_\_\_\_\_

\_\_\_\_\_ **Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**ENCLOSED IS MY FAMILY REGISTRATION FEE:**

\$ \_\_\_\_\_ **CASH** \$ \_\_\_\_\_ **CHECK#** \_\_\_\_\_ **Date** \_\_\_\_\_  
**CHECKS MADE PAYABLE TO ST. DAMIAN SCHOOL**

**ON-LINE PAYMENT AMOUNT** \$ \_\_\_\_\_ **TRANSACTION #** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE TURN OVER AND FILL OUT THE BACKSIDE OF THIS FORM**

**PERSON(S) WHO WILL ORIGINALLY PICK UP YOUR CHILD(REN):**

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<b>NAME</b>	<b>RELATIONSHIP</b>	<b>HOME &amp; CELL NUMBERS</b>
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<b>NAME</b>	<b>RELATIONSHIP</b>	<b>HOME &amp; CELL NUMBERS</b>
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<b>NAME</b>	<b>RELATIONSHIP</b>	<b>HOME &amp; CELL NUMBERS</b>
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**OTHER ADULTS AUTHORIZED TO PICK UP YOUR CHILD(REN):**

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<b>NAME</b>	<b>RELATIONSHIP</b>	<b>HOME &amp; CELL NUMBERS</b>
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<b>NAME</b>	<b>RELATIONSHIP</b>	<b>HOME &amp; CELL NUMBERS</b>
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<b>NAME</b>	<b>RELATIONSHIP</b>	<b>HOME &amp; CELL NUMBERS</b>
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<b>NAME</b>	<b>RELATIONSHIP</b>	<b>HOME &amp; CELL NUMBERS</b>
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<b>NAME</b>	<b>RELATIONSHIP</b>	<b>HOME &amp; CELL NUMBERS</b>
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**PERSON(S) WHO ARE *NOT* ALLOWED TO PICK UP:**

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<b>NAME</b>	<b>RELATIONSHIP</b>
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<b>NAME</b>	<b>RELATIONSHIP</b>
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**REASON (OPTIONAL)** \_\_\_\_\_

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**IDENTIFICATION IS INITIALLY REQUIRED FOR PICK UP.  
IDENTIFICATION IS REQUIRED FOR ANYONE WHO  
HAS NEVER PICKED UP BEFORE.**