



**Saint Jerome School  
Extended Day Program  
2011 - 2012**

**Applicant Information:**

Student/Student(s) Name(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Parent/Guardian #1 Work Phone and Cell Phone: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Parent/Guardian #2 Work Phone and Cell Phone: \_\_\_\_\_

Address/es: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any known allergies or health problems of which we should be aware?

\_\_\_\_\_

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Does your child/ren require an epi-pen? \_\_\_\_\_

If yes, please have one available for the Extended Day Program in case of emergency

Please use the back of this page to provide any additional information



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The rates and registration form for the 2011-2012 school year are enclosed.

Family name \_\_\_\_\_

Child/children's name(s) \_\_\_\_\_

Grade(s) entering in September 2011 \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Days you will be participating (if known at this time)

a.m. \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

p.m. \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

\_\_\_\_\_ Enclosed is my deposit of \$\_\_\_\_\_ or \_\_\_\_\_ I will send in my deposit by Aug. 15.