



# St. Augustine School Extended Day Program Application

Name of Child(ren) \_\_\_\_\_

Address \_\_\_\_\_

Grade(s) \_\_\_\_\_ Date(s) of Birth \_\_\_\_\_

Parent/Guardian # 1 \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian # 2 \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

## **Emergency Contact Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## **Person(s) who may pick up your child:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## **Person(s) who may NOT pick up your child:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## **Parent/Guardian Signature:**

I have read the St. Augustine School Extended Day Handbook and agree to follow the policies and procedures as stated.

Family Name \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

**SIGNED FORM MUST BE TURNED IN BEFORE A STUDENT MAY ATTEND THE EXTENDED DAY PROGRAM.**