

**IMMACULATE CONCEPTION CATHOLIC SCHOOL  
EXTENDED DAY ENRICHMENT PROGRAM  
REGISTRATION FORM**

Today's Date: \_\_\_\_\_ School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Cost: \$50.00 Registration per child and \$4.00 per hour per child (Partial hour will be considered a full hour.)

Please check time(s) required:

\_\_\_\_\_ Before School: 7:00 a.m. - 7:55 a.m. (approximate drop off time: \_\_\_\_\_)

\_\_\_\_\_ After School: 3:05 p.m. - 6:00 p.m. (approximate pick up time: \_\_\_\_\_)

Days of the week required:

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Varies

Please list any allergies/areas of concern that would help in caring for your child:

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Please list anyone authorized to pick up your child (ID Required):

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