

## ST. JOSEPH CATHOLIC SCHOOL EXTENDED DAY ENROLLMENT FORM 2023/24

FAMILY NAME:_				
Children to be enr	olled:	Grade		
1				
2				
3				
4				
In case of sickne	ess, please provide th	e following:		
Mother's best con	tact number		alternate#	
Father's best contact number				
	e days your child(s) will nce Office will determin <b>Before School</b>	e the monthly p	payment due.	
Monday	Delore School	Aiter scrio	OI .	
Tuesday				
Wednesday				
Thursday				
Friday	<del></del>	<del></del>		
Office Use Only:				
TOTAL NUMBER O	DAYS PER WEEK (before	care)		
	DAYS PER WEEK (after c	are)		
NUMBER OF CHILD				
MONTHLY PAYMEN	IT DUE			