

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

Children to be enrolled:	Grade
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Mother's best contact number \_\_\_\_\_ alternate# \_\_\_\_\_  
 Father's best contact number \_\_\_\_\_ alternate# \_\_\_\_\_

	Before School	After school
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

TOTAL NUMBER OF DAYS PER WEEK (before care) \_\_\_\_\_

TOTAL NUMBER OF DAYS PER WEEK (after care) \_\_\_\_\_

NUMBER OF CHILDREN ENROLLED \_\_\_\_\_

MONTHLY PAYMENT DUE \_\_\_\_\_