



# ST. JOSEPH CATHOLIC SCHOOL

Building Wisdom and Faith Through Service to God

## **ST. JOSEPH CATHOLIC SCHOOL EXTENDED DAY ENROLLMENT FORM 2025-26**

**FAMILY NAME:** \_\_\_\_\_

Children to be enrolled: \_\_\_\_\_ Grade \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

In case of illness, please provide the following contact phone information.

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

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

Email addresses for all communication regarding extended day:

\_\_\_\_\_

Please indicate the days your child(s) will be attending Extended Day.

The school's Finance Office will determine the monthly payment due.

	<b>Before School</b>	<b>After school</b>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Drop-in only \_\_\_\_\_

**Office Use Only:**

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

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

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

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

Deposit received \_\_\_\_\_