



St. Mary School 2011/2012 Extension Program Registration Form

Last Name *First Name* *Grade* *M/F* *Birthdate*

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Address *City* *Zip* *Home Phone*

**Program hours are 6:45 a.m. – 6:00 p.m. daily.
Please designate what your enrollment plan will be:**

- _____ Less than 5 hrs. per week
_____ Half-Time (5-8 hrs. per week)
_____ Full Time (Over 8 hrs. per week)

Mother/Guardian Name _____

Address _____ City _____ Zip _____

Father/Guardian Name _____

Address _____ City _____ Zip _____

Attached is my non-refundable registration fee of \$75.00 per student. Please make checks payable to: *St. Mary School*

Parent/Guardian Signature *Date*

For Office Use Only:

_____ St. Mary Parishioner _____ Catholic Active in Another Parish

_____ Non-Active Catholic/Non-Catholic Parishioner

Reg. Fee Paid _____

Check # _____