

# 2009 – 2010 Extended Day Program – Registration Form

**\*\*\*\*Please PRINT and use a SEPARATE form for EACH CHILD being registered.\*\*\*\***

Family Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Student's Grade Level: \_\_\_\_\_ (for 2009-2010)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: IL Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Business: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_

**\*\*\*\*Please indicate below which days and times your child will be attending E.D.P.\*\*\*\***

7:00 - 8:15 (AM) Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_

10:50 – 3:00 (Pre-K) Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_

3:00 – 6:00 (PM) Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_

\_\_\_\_\_ E.D.P. Services are NOT needed for the 2009- 2010 school year.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return registration form to the office of Extended Day Program attention Mrs. Marbach, E.D.P. Director or Email to: [lmarch@maryseatofwisdom.org](mailto:lmarch@maryseatofwisdom.org)