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**SAINT JOSEPH ACADEMY**

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**131 EAST FORT LEE ROAD - BOGOTA, NEW JERSEY 07603**

**2018 – 2019 REGISTRATION FORM**

**AFTERNOON EXTENDED CARE PROGRAM (3:05-6:00 p.m.)**

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Designee(s) Name(s): \_\_\_\_\_

Phone No.(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of an EMERGENCY (Contact):

Name (s) \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Payment: Please Check One:

Monthly \_\_\_\_\_

Per Diem Basis \_\_\_\_\_

\_\_\_\_\_  
Parent's Name (Print)

\_\_\_\_\_  
Parent's Signature