
SAINT JOSEPH ACADEMY

131 EAST FORT LEE ROAD - BOGOTA, NEW JERSEY 07603

2018 - 2019 REGISTRATION FORM

MORNING EXTENDED CARE PROGRAM (7:00-7:45 A.M.)

Child's Name: _____ D.O.B. _____ Grade _____

Mother's Name _____

Address: _____

Home Phone # _____ Work Phone # _____ Cell # _____

Father's Name: _____

Home Phone #. _____ Work Phone # _____ Cell # _____

Designee(s) Name(s): _____

Phone No.(s) _____

In case of an EMERGENCY (Contact):

Name (s) _____

Phone Number(s) _____

Monthly _____

Per Diem Basis _____

Parent's Name (Print)

Parent's Signature