HOLY TRINITY INTERPAROCHIAL SCHOOL
EXTENDED DAY CARE PROGRAM
Westfield Campus Application 2007-2008

Today's Date: _____

Child's full name _____

Address _____
Street **City** **Zip**

Date of Birth_____ **Grade**____ **Home Phone**_____

_____ _____
Father's Name **Business Phone #**

_____ _____
Mother's Name **Business Phone #**

Emergency Numbers: **Name:**

_____ _____
_____ _____
_____ _____

Extended Day Care Hours: 7:15 a.m. – 8:15 a.m. 3:00 p.m. – 6:00 p.m.
Fee: $7.00 per hour + $ 10.00 Registration fee

Please enroll my child for the following sessions. Include times:

Day		A. M. Session	P.M. Session
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

I understand that **AFTER 6:00** there will be an **ADDITIONAL CHARGE** of $3.00 for the first fifteen minutes and $5.00 for each additional fifteen minutes thereafter.

(Revised 7/07)

_____
Parent's Signature