

**HOLY TRINITY INTERPAROCHIAL SCHOOL
MOUNTAINSIDE CAMPUS
EXTENDED DAY CARE PROGRAM
APPLICATION**

Child's full name _____ Today's Date: _____

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: Drop Ins: \$6.00 per hour Regular Basis: \$5.00

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.

Please note that when you have "signed up" money is NOT REFUNDABLE if children do not appear at the designated time.

(Revised 9/12/02)

_____ Parent's Signature