

GUARDIAN ANGELS CATHOLIC SCHOOL

521 East Fourteen Mile Road, Clawson, MI 48017

Telephone (248) 588-5545 Fax (248) 588-8767

EXTENDED SCHOOL PROGRAM

2008 - 2009 REGISTRATION

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	GRADE

FATHER: _____
Last Name
First Name
Home Phone
Direct Work Phone

MOTHER: _____
Last Name
First Name
Home Phone
Direct Work Phone

AUTHORIZED PERSONS TO PICK UP CHILDREN:

- 1) _____
Name
Address/City
- 2) _____
Relationship
Phone Number
- _____
Name
Address/City
- 3) _____
Relationship
Phone Number
- _____
Name
Address/City
- _____
Relationship
Phone Number

INVOLVEMENT IN PROGRAM: *(Please indicate usage times for each day of use.)*

	Monday	Tuesday	Wednesday	Thursday	Friday
6:45 - 7:45					
3:10 - 4:00					
4:00 - 5:00					
5:00 - 6:00					

I recognize the terms of the Extended School Program.

I have read the guidelines and understand the rules of the billable procedure for the Extended School Program.

Please register my child(ren) in the Extended School Program.

Signature of Parent or Guardian
Date