

**St. Elizabeth Catholic School
917 Montrose Road
Rockville, MD 20852**

**REGISTRATION FOR EXTENDED SCHOOL PROGRAM
2010-2011
(Registration deadline May 21 – space is limited)**

I, _____, want to register my child/children for the Extended School Program for the 2010-2011 academic year.

Please circle which care you need:

_____	_____	Before Care	After Care (5 days)	After Care (3 days)
Student	Grade			

_____	_____	Before Care	After Care (5 days)	After Care (3 days)
Student	Grade			

_____	_____	Before Care	After Care (5 days)	After Care (3 days)
Student	Grade			

_____	_____	Before Care	After Care (5 days)	After Care (3 days)
Student	Grade			

Enclosed, please find a check in the amount of \$_____ (\$50.00 per child) for a deposit for my child/children which is non-refundable.

If you choosing three days, which days would you be interested in?

_____, _____, _____

Parent Signature : _____ Date: _____

Email mother: _____ Email father: _____

Received by _____
Name Date

Check number _____ Amount _____