

# ENROLLMENT FORM

St. Johns Extended School Program

9141 County Road 101 – Maple Grove, MN 55311

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child lives with:     Father     Mother     Both     Other: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Special Needs and Information: \_\_\_\_\_

The following persons are authorized to pick up my child and assume medical responsibility if I cannot be reached.

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_ Cell \_\_\_\_\_

The following **ARE NOT** authorized to pick up my child:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Anticipated hours for program use:

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Hours</b> 2:10 –					

A registration fee of \$15.00 is due upon registering for the Extended School Program. I understand that this payment is non-refundable. Please make checks payable to **St. Johns Lutheran School**.

**Students will not be allowed to attend the program if they are not registered.**

I have read the *Parent Handbook* for St. Johns Extended School Program and agree to abide by the policies stated therein.

Date: \_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_