



ST. CATHERINE OF SIENA SCHOOL

Middle States Accredited

39 E. Bradford Avenue, Cedar Grove, NJ 07009

Telephone 973-239-6968 Fax 973-239-1008

www.scs-school-cedargrovenj.org

TO: SCS Extended Day Parents
FROM: Mrs. Barbarito

To help us plan for next year, please let us know what you THINK your needs will be at this time. Adjustments can be made in September. If you are sure (or fairly sure) that you WILL need Extended Day in some form, please complete the attached registration form and return BOTH sheets to me before the last day of school.

Please return this form to school no later than *June 6, 2011*.

FAMILY NAME _____

of child(ren) in School (Sept. 2011) _____ Grade(s) _____

Please check those which apply:

- I do NOT anticipate needing Extended Day for the next school year.
- I DEFINITELY need full Extended Day (until 5:30) for the next school year.
- I DEFINITELY need LIMITED Extended Day (until 3:45) in September.
- I DEFINITELY need BEFORE SCHOOL care (7:30 a.m.) in September.
- I do not anticipate using Extended Day EVERY day, but may need the following: (please explain)

- I do not need regular care, but would probably use Extended Day occasionally.
- I am interested in Extended Day, but am not sure of my needs at this time.

EXTENDED DAY PROGRAM REGISTRATION

Limited Care (to 3:45 only):

Full Extended Day:

AM _____ PM _____

AM _____ PM _____

Family Name _____

Home Phone # _____

Address _____

Child(ren) _____

Grade _____

Grade _____

Grade _____

Please list the person(s) (*must be 18 years of age or older*) who are allowed to pick up your child(ren):

Father's Name _____

Work Phone # _____

Cell Phone # _____

Mother's Name _____

Work Phone # _____

Cell Phone # _____

NAME

RELATIONSHIP

PHONE NUMBER

Please Note: Your child(ren) will not be released to anyone whose name does not appear on this form.

Please list below any allergies or medical conditions your child(ren) has:

If any of the above information changes, I will notify the school in writing. I have read and will comply with the guidelines of the Extended Day Program.

Parent signature

Date