

Note: All families must complete this form.

St. John the Evangelist School — Extended Day Program
Registration and Emergency Form, 2025 - 2026 School Year Start Date:

Family Name _____

Students Name (s)

Grade

Age

Father

Mother

Name _____

Address _____

Work Phone _____

Cell Phone _____

Email _____

Please Indicate:

Plan on using the program- SJES Staff member ☐

Do **NOT** plan on using Extended Day Program ☐

Drop in Fee-\$14 an hour per child

Extended Day: K-8 th Grade		Schedule	1 Child	2 Children	3 Children
	½ hour <input type="checkbox"/> 10 uses	Billed <input type="checkbox"/> monthly or <input type="checkbox"/> as needed	\$70	\$140	\$210
	15 minutes <input type="checkbox"/> 20 uses				
	1 hour <input type="checkbox"/> 10 uses	Billed <input type="checkbox"/> monthly or <input type="checkbox"/> as needed	\$130	\$260	\$390
	½ hour <input type="checkbox"/> 20 uses				
	1 ½ hours <input type="checkbox"/> 10 uses	Billed <input type="checkbox"/> monthly or <input type="checkbox"/> as needed	\$200	\$400	\$600
	45 minutes <input type="checkbox"/> 20 uses				
	2 hours <input type="checkbox"/> 10 uses	Billed <input type="checkbox"/> monthly or <input type="checkbox"/> as needed	\$260	\$520	\$780
	1 hour <input type="checkbox"/> 20 uses				

Other than parents, please provide names of people authorized to pick up child/ren:

Name

Relationship

Telephone

Child/ren will NOT be released to anyone whose name is not on this form. Any exceptions must be cleared with the school office DURING SCHOOL HOURS. *Please list any allergies on the back of this form

Please list any allergies or other medical conditions that we should be aware of.

Child's Name

Allergy or Condition
