

# EXTENDED DAY REGISTRATION

South Boston Catholic Academy

## YEARLY SIGN UP

Student(s) name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Parent name: \_\_\_\_\_

Parent e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Please enroll my child for the following days **AFTER SCHOOL** during the 18/19 School Year:

\_\_\_\_\_ Mondays                      Approximate pick up time (for planning purposes):

\_\_\_\_\_ Tuesdays                      \_\_\_\_\_

\_\_\_\_\_ Wednesdays

\_\_\_\_\_ Thursdays                      \*Note: Extended Day runs from 2:30-5:30, daily  
with the exception of ½ days, which run from 11:30-5:30

\_\_\_\_\_ Fridays

\_\_\_\_\_ First Wednesdays of the month ½ Day THEME DAYS! (11:30-5:30)  
(Themes announced monthly)

*You must call the office if your child will not be attending Extended Day no later than noon in order to avoid a fee. This opens your child's spot to another student.*

For planning purposes **ONLY**, please let us know how often you plan to use **BEFORE SCHOOL**:

\_\_\_\_\_ Mondays                      Approximate drop off time (for planning purposes):

\_\_\_\_\_ Tuesdays                      \_\_\_\_\_

\_\_\_\_\_ Wednesdays

\_\_\_\_\_ Thursdays

\_\_\_\_\_ Fridays

\*Note: Before school begins at 7 am each day. **No drop offs are permitted after 7:55.** We are always there, no need to sign up in advance. Please ring the O Street door closest to Broadway.

**\*ONLY COMPLETE ONE SIDE OF THIS FORM\***  
**EXTENDED DAY REGISTRATION**

South Boston Catholic Academy

**MONTHLY SIGN UP**

Student(s) name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Parent name: \_\_\_\_\_

Parent e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

MONTH (circle one):

Sept. Oct. Nov. Dec. Jan. Feb. March April May June

Please list the dates you would like your child to attend EDP and submit to office:

- \_\_\_\_\_
- \_\_\_\_\_
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*You must call the office if your child will not be attending Extended Day no later than 10 am in order to avoid a fee. This opens your child's spot to another student.*