

PRESCHOOL EXTENDED CARE APPLICATION

St. James Extended Care
114 N. Miles Street
Elizabethtown, KY, 42701

Child's Name _____

Child's Birth date _____

Current Age _____

Parent(s) Name(s) _____

Address _____

Phone Number: Home _____

Work _____

PLEASE NOTE: Your child must be 3 years old by October 1st to attend Extended Care.

Applying for:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Please indicate which days your child will attend Extended Care (this does not guarantee placement in the program). Although placement is not guaranteed, every effort will be made to accommodate preferences.

Placement is also based upon the admission hierarchy.

There is a **\$35 REGISTRATION FEE** for enrollment into the extended day care program. This is a non-refundable fee paid the first time your child enrolls in the program. If your child is enrolled in the program, you **DO NOT** have to pay the fee for additional years.

OFFICE ONLY

DATE APPLICATION RECEIVED:
REGISTRATION FEE PAID
APPLICATION #
CONFIRMATION NOTICE SENT

PARISH MEMBER:
WAITING LIST#: