



SAINT AUGUSTINE SCHOOL

WISDOM ~ INTEGRITY ~ RESPECT ~ EXCELLENCE ~ DEVOTION

EXTENDED-DAY PROGRAM APPLICATION – 2010/2011

Student Name(s) _____ Grade _____

Home Address _____
 Street Address City State Zip

Nursery/Pre-K	Days	Pick-Up Time (please circle your selection/s below)		
	Monday	12:30 p.m.	1:30 p.m.	2:30 p.m.
	Tuesday	12:30 p.m.	1:30 p.m.	2:30 p.m.
	Wednesday	12:30 p.m.	1:30 p.m.	2:30 p.m.
	Thursday	12:30 p.m.	1:30 p.m.	2:30 p.m.

Grades K-8	Days	Morning Program	Pick-Up Time (please circle)		
	Monday	a.m.	4 p.m.	5 p.m.	6 p.m.
	Tuesday	a.m.	4 p.m.	5 p.m.	6 p.m.
	Wednesday	a.m.	4 p.m.	5 p.m.	6 p.m.
	Thursday	a.m.	4 p.m.	5 p.m.	6 p.m.
	Friday	a.m.	4 p.m.	5 p.m.	6 p.m.

Parent Signature _____

Telephone # __ (_____) _____ Date _____

For Office Use: Date Received: _____ Check #: _____ Check Amt.: \$ _____
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