

**Office Use Only**

AMT \_\_\_\_\_

Method \_\_\_\_\_



St. Patrick of Heatherdowns  
*A Vibrant Catholic Community*

## St. Patrick of Heatherdowns Extended Day Program Registration Form

Student Name: \_\_\_\_\_

Grade/Room#: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade/Room#: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade/Room#: \_\_\_\_\_

List parents allowed to pick up your child(ren)

_____	_____
Name	Phone

_____	_____
Name	Phone

List any other adult that will be allowed to pick-up your child(ren)

_____	_____
Name	Phone

_____	_____
Name	Phone

All other necessary forms provided from the school office and/or nurse to the Extended Day Program.

I would like to receive the EDP bills by: email  or hard copy through my student

My email address is: \_\_\_\_\_