

Saint Patrick Catholic School – Extended Day Care

For Week of _____ ***Form must be completed/ returned Friday before week listed.*

Family Name _____

Parent Signature _____

Date _____

Student 1 – Name _____

	until 4pm	until 5pm	until 6pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Student listed above is involved in the following after school extra-curricular activities (*please check all that apply*):

- YAP Girl Scouts
 Volleyball Other – please list:

Student 2 – Name _____

	until 4pm	until 5pm	until 6pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Student listed above is involved in the following after school extra-curricular activities (*please check all that apply*):

- YAP Girl Scouts
 Volleyball Other – please list:

Student 3 – Name _____

	until 4pm	until 5pm	until 6pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Student listed above is involved in the following after school extra-curricular activities (*please check all that apply*):

- YAP Girl Scouts
 Volleyball Other – please list:

Student 4 – Name _____

	until 4pm	until 5pm	until 6pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Student listed above is involved in the following after school extra-curricular activities (*please check all that apply*):

- YAP Girl Scouts
 Volleyball Other – please list:
