

# BASE / EXTENDED CARE Registration Form

I am interested in enrolling my child in **St. Peter's Before and After School Program (BASE)** or the **St. Peter's Extended care Program**.

I agree to pay a \$25 registration fee due at the time of registration.  
Please make check out to *St. Peter School*.

1. My child will be attending:

Morning BASE (please circle): M T W TH F

Afternoon BASE (please circle): M T W TH F

Extended PS/Pre-K (please circle): M T W TH F

2. My child/children's names and birthdates (PLEASE, include birth year) are:

Name of Child: Birth Date: \_\_\_\_\_

Name of Child: Birth Date: \_\_\_\_\_

Name of Child: Birth Date: \_\_\_\_\_

Name of Child: Birth Date: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_

Cell or Home Telephone Number \_\_\_\_\_

OFFICE USE ONLY

Amount \_\_\_\_\_

Check # \_\_\_\_\_

Date \_\_\_\_\_