

## **REGISTRATION EXTENDED DAYCARE PROGRAM**



**Please fill out the form below and return to the School. Thank you**

Name of child	Grade	Days Needed
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\_\_\_\_\_  
Parent Signature (Please Print)

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
Address

_____ /	_____ /	_____
Telephone # Home	Work	Cell

Email Address \_\_\_\_\_

**PLEASE INCLUDE a \$25.00 registration fee.**

**CHECKS MUST BE MADE OUT TO :**  
**Institute de L'Union-Chrétienne de St. Chaumond**