



HOLY TRINITY CATHOLIC SCHOOL
 50 Church Street
 Laconia, NH 03246

**EXTENDED DAY PROGRAM (EDP)
 WEEKLY REGISTRATION FORM
 2017 – 2018**

FAMILY NAME: _____
 STUDENTS: _____ GRADE _____
 _____ GRADE _____
 _____ GRADE _____

Week of:
 (Please check all that apply):

		MON.	TUES.	WED.	THURS.	FRI.	
A.M.	7:00-7:50						w/Breakfast
A.M.	7:30-7:50						
P.M.	3:00-4:15						
P.M.	4:15-5:30						

SPECIAL NOTE: Students will be charged when signed in at 3:00 p.m., even if they leave by 3:15 p.m.

ALSO – After 5:30 p.m., there is a \$5.00 late charge! Thank you!

Please be considerate of our staff – pick up promptly! Thank you!

COST:	#	A.M.	7:00-7:50	\$5.00 per day	=	\$	_____
	#	A.M.	7:30-7:50	\$2.00 per day	=	\$	_____
	#	P.M.	3:00-4:15	\$5.00 per day	=	\$	_____
	#	P.M.	4:15-5:30	\$4.00 per day	=	\$	_____
				Total		\$	_____

***STUDENTS ATTENDING THE P.M. PROGRAM WILL BE DISMISSED
ONLY TO DESIGNATED PERSON(S), LISTED ON THE CONTACT
 AND AUTHORIZED PERSON(S) FORM.**

Parent/Guardian Signature: _____

Date: _____