



**GREATER WOONSOCKET**  
*Catholic* **REGIONAL SCHOOL SYSTEM**

**EXTENDED DAY PROGRAM APPLICATION**

(rev. 5/16/2023)

**DAYS:** Monday - Friday (any combination) - **Available for students in PK through Grade 8**

**HOURS:** 3:00PM-5:00PM  
(Please note that Pre-K students are FREE from 2:30-3:00)

**FEES:** **\$8.00 per hour** – payment is due on a weekly basis; (\$15.00 fee charged for late pick-ups; continued late pick-ups could result in child not being able to attend the Program.)

**REGISTRATION FEE:** (non-refundable) - \$15 for first child; \$10 for second child; \$5 for third child

<b>STUDENT'S NAME</b>	<b>DATE OF BIRTH</b>	<b>GRADE</b>
_____	_____	_____
_____	_____	_____

**DAYS NEEDED:** \_\_\_\_\_ MON. \_\_\_\_\_ TUES. \_\_\_\_\_ WED. \_\_\_\_\_ THUR. \_\_\_\_\_ FRI.

**HOURS NEEDED:** \_\_\_\_\_ 3:00PM-4:00PM \_\_\_\_\_ 3:00PM-5:00PM  
(**\$8.00 per day per child**) (**\$16.00 per day per child**)

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**PHONE NUMBERS:**  
**HOME/CELL:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**PHONE NUMBERS:**  
**HOME/CELL:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

As parent/guardian of the above named child(ren), I hereby authorize any and all professional emergency treatment for my child(ren) that may be necessary in my absence.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**See Reverse (Page 1 of 2)**

