



Academy of St. Priscilla at Divine Savior

Primary Center of Excellence

Our Faith – Our Commitment – YOUR Future

Extended Day Program Registration 2009-2010

Family Name: _____

Address: _____

Phone Number: _____

Approximately how many children will use the program _____

I anticipate the following use of the EDP for my child(ren):

_____ 5 days each week

_____ 2-3 days use each week

Parent Signature: _____ Date: _____

\$35.00 Registration fee per student paid by check # _____ cash _____

Received by: _____