



**Cabrini Extended Day Program
Registration Form**

(Please Print)

Family Name: _____

Primary Cell Phone: _____

Primary Email: _____

Address: _____

City: _____

Zip: _____

Child's Full Name: _____

Grade: _____

Child's Full Name: _____

Grade: _____

Child's Full Name: _____

Grade: _____

Child's Full Name: _____

Grade: _____

By signing below, I agree to the following terms and conditions:

1. To pay a \$5.00 per minute late fee, in the event I fail to pick up my student by 6:00 pm.
2. To pay all EDP tuition using the FACTS account by the due date or pay a \$5.00 per week late fee until the account is paid in full.
3. If a remaining balance is due at the end of the school year, my student's report card will be held and the student will not be seated for the new school year until payment is made in full.
4. EDP will not release your student to anyone unless their name is listed on the emergency card; a written release, or have spoken with the EDP Coordinator. We will also ask the pick-up person for a photo ID, without ID we will not release your student.

Parent/Guardian Signature: _____

Date: _____

Print Name: _____

EDP Coordinator Signature: _____

Date: _____