



Note: Complete a separate form for each child

GUARDIAN ANGELS SCHOOL EXTENDED DAY PROGRAM REGISTRATION

Child's Name: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Birth Date: ____/____/____ Home Phone: (____) _____

Registering for: (Circle All Appropriate)

Monday Tuesday Wednesday Thursday Friday

PARENT/GUARDIAN WORK INFORMATION

Father's Name: _____

Place of Employment: _____ Days/Hours: _____

Work #: (____) _____ Cell #: (____) _____ Email: _____

Mother's Name: _____

Place of Employment: _____ Days/Hours: _____

Work #: (____) _____ Cell #: (____) _____ Email: _____

MONTHLY PAYMENT OPTION

Check Cash ACH (Complete ACH Form)

Credit Card (2.4% fee of total will be charged) Visa MasterCard Discover

Name as it appears on Credit Card: _____

Card #: _____ Exp: ____/MO ____/YR Code: _____

Signature: _____

Contact Susan Boettner sboettner@gaparish.org or call 624-3143 Ext 141 information on payments