



Saint Joseph School  
 132 High Street  
 Medford, MA 02155

Principal: Andrea DeFusco-Sullivan  
 Phone: 781/396-3636 x0  
 Fax: 781/396-5478

**2024/2025 EXTENDED DAY PROGRAM REGISTRATION**

The **Extended Day Program (EDP)** is available until 6:00pm daily and may be used, as needed, at \$10 per hour for registered students. There will be a \$25 late fee for students picked up after 6:00pm.

Early drop-off is also available in the morning beginning at 7:00am for an additional fee of \$5 per day per student.

All Before School and EDP fees are billed weekly, and payment is due upon receipt of invoice. There will be a late payment fee of \$5 per each week payment is past due. All checks should be made payable to **Saint Joseph School**.

Family last name \_\_\_\_\_

Child's first name \_\_\_\_\_ Grade \_\_\_\_\_

Second Child \_\_\_\_\_ Grade \_\_\_\_\_

Third Child \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel # \_\_\_\_\_ **E-Mail (Required)** \_\_\_\_\_

Parent #1 Cell \_\_\_\_\_ Work # \_\_\_\_\_

Parent #2 Cell \_\_\_\_\_ Work # \_\_\_\_\_

Person/s authorized to pick up child/ren:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please indicate any person/s **NOT** allowed to pick up your child/ren:

\_\_\_\_\_

**ALLERGIES OR MEDICAL CONDITIONS (PLEASE BE SPECIFIC):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_