



REGISTRATION FORM FOR EXTENDED CARE

2017-18 School Year
ST. JOHN THE BAPTIST SCHOOL
2561 Glendale Avenue
Green Bay, WI 54313
920-434-3822 X221



Family Name: _____ Email address: _____

Registration Fee - \$25.00/child or \$35.00/family (non-refundable)

Date Received by office: _____ Check #: _____

(Please make checks payable to GRACE)

Child will attend (check all that apply)

Child's Name: _____ Grade: _____ AM EC: _____ PM EC: _____

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