



SAINT AMBROSE SCHOOL • 6310 JASON STREET • CHEVERLY, MARYLAND (301) 773-0223
SASCheverly.Org

2023-2024 Extended School Program (ESP) Registration

Student 's Full Name _____

Student's Complete Address _____

Home Phone # _____ Grade-(2023-24 School Yr.) _____

Date of Birth _____ Male _____ Female _____

Parent's Full Name _____ Phone Number _____

Choose One:

Weekly Care _____

AM Care _____ PM Care _____ Both _____
(7:00 am-7:45 am) (3:00 pm-6:00 pm)

Daily Care (for one or two regularly scheduled days)

Select Days and Times

Monday AM _____ PM _____ Both _____
Tuesday AM _____ PM _____ Both _____
Wednesday AM _____ PM _____ Both _____
Thursday AM _____ PM _____ Both _____
Friday AM _____ PM _____ Both _____

Emergency Care ONLY _____

Mother's Name _____

Mother's Employer/School _____

Address _____

Work Phone # _____ Home Phone # _____

Cell Phone # _____

Fathers Name _____

Father's Employer/School _____

Address _____

Work Phone # _____ Home Phone # _____

Cell Phone # _____