



**Morning Care/Afternoon Care
Registration form
2021-2022**

Child/Children's Name and grade:

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Please choose when will you be using Morning Care/Afternoon Care services:

_____ Morning Care Only (monthly) 6:45am-7:45am (minimum 10 students registered)

_____ Morning Care & Extended Day (monthly) 6:45am-7:45am & 3:10pm-6:00pm

_____ Afternoon Care Only (monthly/5 days a week) 3:10pm-6:00pm

_____ Afternoon Care Only 4 Days per week circle what days: M T W Th F

_____ Afternoon Care Only 3 Days per week circle what days: M T W Th F

_____ Afternoon Care Only 2 Days per week circle what days: M T W Th F

_____ Afternoon Care Only 1 Day per week circle what day: M T W Th F

I have read the Morning Care and Afternoon Care information and agree to pay the amount charged.

Parent Signature _____ Date _____

Cell Number: _____ (mom)

Cell Number: _____ (dad)