



Extended Care Registration form 2020-2021

Child/Children's Name and grade:

Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Please choose when will you be using Extended Care services:

Monthly _____ Monthly with Early Dismissal Day _____
Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Friday _____ Early Dismissal _____

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

Parent Signature _____ Date _____

Cell Number: _____ (mom)

Cell Number: _____ (dad)