

Student Name/Grade (print) \_\_\_\_\_ / \_\_\_\_\_



### EXTENDED DAY REGISTRATION FORM

**PLEASE COMPLETE NAME & CONTACT INFO EVEN IF NOT PLANNING ON USING THE PROGRAM IN CASE OF EMERGENCIES**

	DAILY	FULL-TIME PROGRAM
Before School (6:45 AM – 7:30 AM)	\$5/day	\$800/Annually
After School (3:30 PM – 6:00 PM)	\$15/day	\$2000/Annually

**Please select an option below to enroll in the full-time program.**

Before School Full Time

After School Full Time

1 payment

10 payments

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Approved Pickup:**

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Name Printed: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_