



EXTENDED DAY REGISTRATION FORM

Please circle:

| | | |
|--------------------|------------|--|
| Morning Care: | Daily Rate | Annual Rate - 1 payment or 10 Payments |
| After School Care: | Daily Rate | Annual Rate - 1 payment or 10 Payments |

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Mother's Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Approved Pick-Up:

_____ Cell Phone: _____

_____ Cell Phone: _____

_____ Cell Phone: _____

Parent's Name Printed: _____

Parent's Signature: _____ Date: _____