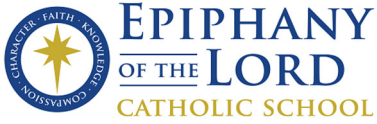


Student Name/Grade (print) _____ / _____



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: _____