



**Extended Day Registration 2012-13**

**NAME OF CHILD (REN):**

First Name	Last Name	Grade

**PARENTAL INFORMATION:**

<b>PARENT(S) NAME:</b>		
<b>HOME ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>HOME PHONE:</b>	<b>WORK PHONE:</b>	<b>CELL PHONE:</b>

**PLAN SELECTED:**                      Check A, B, C, D

<b>A</b>	August, September, October, November, December, January, February, March, April & May  <b>\$165.00 per month      (\$7.50 per day)</b>	2:45pm to 6:00pm	<b>Everyday after School</b>
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<b>B</b>	<u>2 days per week</u> until 6:00pm is <b>\$60.00 per month</b> My 2 days are:    Mon.    Tues.    Wed.    Thurs.    Fri.	<b>Circle the days.</b>	
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<b>C</b>	<u>3 days per week</u> until 6:00pm <b>\$90.00 per month</b> My 3 days are:    Mon.    Tues.    Wed.    Thurs.    Fri.	<b>Circle the days.</b>	
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<b>D</b>	Study Hall                                      2:45 pm to 4:00pm <b>\$6.00 per day</b> My days are:    Mon.    Tues.    Wed.    Thurs.    Fri.	<b>Circle the days.</b>	
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**IMPORTANT NOTES:**

1. Payment is due in the School Office on the first day of the month.
2. To use our Extended Care Program, this form must be kept up-to-date in the School Office.
3. There are no refunds given if child is sick or if school is closed due to weather or holiday.
4. There are no refunds given for sports practices, school holidays, or any other school functions. The plan that is signed for at the beginning of the year is the plan that payment is expected for throughout the year.

Name of person(s) who will be picking up child: \_\_\_\_\_

\_\_\_\_\_

I agree to the above requirements:  
**Enclosed is my \$25 fee for each child**

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Parent's Signature