

2019-2020 EXTENDED CARE FORM

Child's Name _____

All students **MUST** be toilet trained. NO pull ups!

My child is enrolled in the _____ **class and will need Extended Care.**
(write the days of the week class meets on line)

Please write in the anticipated times in the charts below so we can plan for staff.

Morning **7:00-8:00 AM**

Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					

Afternoon **After Class-5:30 PM**

Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday
Departure Time					

\$3.50 per hour charged in half hour increments. NO payment is due at this time.

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