



Last Name: \_\_\_\_\_

# EARLY/EXTENDED CARE REGISTRATION

Child(ren)'s Name(s): \_\_\_\_\_  
\_\_\_\_\_

**Early Care (7:50am - 9:00am)  
charges are as follows:**

- 5 days per week - \$100 per month
- 4 days per week - \$80 per month
- 3 days per week - \$60 per month
- 2 days per week - \$40 per month
- 1 day per week - \$20 per month

**Extended Care (1:00pm – 2:30pm)  
charges are as follows:**

(Available on Monday – Thursday only)

- 4 days per week - \$120 per month
- 3 days per week - \$90 per month
- 2 days per week - \$60 per month
- 1 day per week - \$30 per month

Register my child(ren) for early care/extended care on the following days. I understand that I will be billed a one time \$10 registration fee for either or both "extra" care:

Early Care Days:

Extended Care Days:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If this changes during the year, please fill out a new form. They will be available in the office.

Effective Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date