

EXTENDED DAY ADVANCED REGISTRATION REQUEST

(Due 1 week in advance)

Student	Payment Received	Cash Total (\$____)	Check Total (#____)	Dates of Requested Service

Type of Care. Place (X) under the day you desire care.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Before Care (8:00-8:45) (\$15/day)					
Extended Care (12:00-3:30) (\$30/day)					
Homework Club (3:30-5:00) (\$15/day)					