

EXTENDED CARE APPLICATION

Family Name _____

Child Name _____ Grade _____

Child Name _____ Grade _____

Child Name _____ Grade _____

Registration fee: \$30 per Child; \$50 per Family

I have read and understand my responsibility. _____

I agree to Pay \$ _____ per week.

1st Child Schedule

| Day | Mon | Tue | Wed | Thur | Fri |
|------|-----|-----|-----|------|-----|
| From | | | | | |
| To | | | | | |

2nd Child Schedule

| Day | Mon | Tue | Wed | Thur | Fri |
|------|-----|-----|-----|------|-----|
| From | | | | | |
| To | | | | | |

3rd Child Schedule

| Day | Mon | Tue | Wed | Thur | Fri |
|------|-----|-----|-----|------|-----|
| From | | | | | |
| To | | | | | |