

Salisbury Christian School Extended Care Registration November 2006

Student Name _____ Grade: _____

Day	Date	AM Care	PM Care
Wednesday	1		
Thursday	2		
Friday	3		
Monday	6		
Tuesday	7		
Wednesday	8		
Thursday	9		
Monday	13		
Tuesday	14		
Wednesday	15		
Thursday	16		
Friday	17		
Monday	27		
Tuesday	28		
Wednesday	29		
Thursday	30		

Please check here ___ if you have a lower school student who needs to use **a.m. care** due to an earlier arrival because of having to drop off an older sibling in the upper school.



Please remember to send in your payment with your registration form. Thank You.	Total Days			
		x	x	
		\$2.00	\$5.50	
			+	=