

# Extended Care Registration

June 2010

Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Teacher: \_\_\_\_\_

Day	Date	AM Care	PM Care
Tuesday	1		
Wednesday	2		
Thursday	3		
Friday	4		
Monday	7		
Tuesday	*8		
Wednesday	*9		
Thursday	*10		
Friday	*11		


Total Days

x                      x  
\$2.00                      \$5.50

,                      +                      =

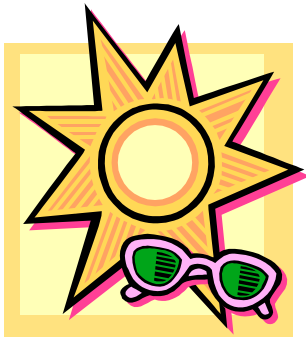
**\*\*\*Please note:**

- June 8, 9, 10 and 11 are minimum days.
- Aftercare will be from 12 noon - 5:30pm.
- Please pack a lunch and drink. Snacks and drinks will be served at 3:30 as usual.



Live in harmony  
with one another,  
be sympathetic,  
love as brothers,  
be compassionate  
and humble.

1 Peter 3:8



**Office Use Only:**

Cash Amt. \_\_\_\_\_

Check # \_\_\_\_\_

Check Amt. \_\_\_\_\_

Date \_\_\_\_\_

Split \_\_\_\_\_

***Please remember to send in  
your payment with this  
registration form. Thank you!***

***Deadline: Monday, May 24th***