

**AM EXTENDED DAY PROGRAM
 FOR GRADES Full-Day K - 4**

STUDENT NAME:	DATE OF BIRTH:
GRADE (Fall' 11):	AGE:
SCHOOL:	MALE FEMALE
HOME ADDRESS:	
HOME PHONE:	

FATHER'S NAME:
FATHER'S ADDRESS:
WORK PHONE/CELL PHONE:
MOTHER'S NAME:
MOTHER'S ADDRESS:
WORK PHONE/CELL PHONE:

EMAIL ADDRESS _____ @ _____

OTHER EMERGENCY CONTACT (to be contacted if parent/guardian cannot be reached):

NAME:	PHONE:

ABOUT MY CHILD: It is important to provide information about your child which might be helpful to the Extended Day Staff. Such information includes, but is not limited to, medication(s) taken, medical issues, allergy information, physical and/or emotional handicaps, and fears.

TUITION FEE SCHEDULE

# of Days/Week	1 st Child	2 nd Child (75%)	3 rd Child (50%)
5	\$ 100.00	\$ 75.00	\$ 50.00

Normal daily hours are from 7:00 - 8:00 AM.

An annual \$15 nonrefundable Registration Fee is also required per family.

IF MY CHILD IS ACCEPTED, I UNDERSTAND AND AGREE TO THE FOLLOWING:

- TUITION PAYMENTS ARE DUE ON THE LAST DAY OF EACH MONTH FOR THE FOLLOWING MONTH.
- It is presumed that the child is enrolled for the full academic year. IF WITHDRAWAL FROM THE PROGRAM IS NECESSARY, ONE MONTH'S NOTICE TO THE OFFICE IS REQUIRED IN WRITING.
- Transportation to the program in the morning is the parent's responsibility.
- Pick-up and Release Form must be signed and returned to the office.
- I have read and accept all conditions detailed in the Extended Day brochure for my child to be eligible to participate in the Extended Day Program.

Parent Signature _____ Date _____