



Extended Day Registration Form

Student's First Name: _____ **Student's Last Name:** _____

Homeroom: _____ **Homeroom Teacher:** _____

Today's Date (mm/dd/yyyy): _____

Please check the days below that your child will be staying for Extended Day. For each day you will use the program, write the date, intended pick up time, and pick-up person. All students must be picked up by 5:30 pm.

Day	Check (✓)	Date (mm/dd)	Pick Up Time	Pick Up Person
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Pre-Registration (*Submitted by the Friday of the week prior to attendance*):

of days: ____ x \$30 = \$ _____

Registration (*Submitted on the same day or week of attendance*)

of days: ____ x \$35 = \$ _____

For Office Use Only: Date Received: _____