



MONTHLY EXTENDED CARE REQUEST 2011-2012

Month: _____ **CHILD'S NAME:** _____ Class: _____

DIRECTIONS AND PROGRAM INFORMATION:

- Monthly childcare is available if openings exist in the Extended Care Program.
- You may request childcare a minimum of TWO DAYS prior to your need for it.
- Complete this request for Monthly Extended Care.
- Give your request to the school Office Manager.
- You will receive response about your request within two working days.

HALF DAY: EARLY CARE: Noon - 3:00 p.m. (1 session)
 LATE CARE: 3:00 – 5:30 p.m. (1 session)
 FULL DAY: EARLY CARE & LATE CARE: Noon - 5:30 p.m. (2 sessions)
 RATES: HALF DAY: \$15 (either early or late session)
 FULL DAY: \$30 (both early and late sessions)

Please circle the Extended Care that you will need for your child:

		M	T	W	H	F
Week 1	Noon - 3:00 pm	E	E	E	E	E
	3:00 - 5:30 pm	L	L	L	L	L
Week 2	Noon - 3:00 pm	E	E	E	E	E
	3:00 - 5:30 pm	L	L	L	L	L
Week 3	Noon – 3:00 pm	E	E	E	E	E
	3:00 – 5:30 pm	L	L	L	L	L
Week 4	Noon – 3:00 pm	E	E	E	E	E
	3:00 – 5:30 pm	L	L	L	L	L
Week 5	Noon – 3:00 pm	E	E	E	E	E
	3:00 – 5:30 pm	L	L	L	L	L

Monthly Contract: Number of Sessions Requested _____ **Amount Due:** _____

PAYMENT MUST BE RECEIVED IN MAIN OFFICE BEFORE DATE OF CARE. THANK YOU!

CHECK #: _____ CREDIT CARD APP. # _____ CASH _____

Please list any allergies your child has: _____

Parent's Signature

Telephone

Date