_Date:____

Scheduled Extended Care Form

Scheduled	TIME BLOCK	Monthly Fee	Number of	Total Monthly
EXTENDED CARE		for one day of the week	Days Per Week	Cost
Early Morning Care	A 7:30am – 8:45am	\$18.00	X	=
After School Care	B 12:00pm – 2:00pm	\$29.00	Х	=
After School Care	C 2:00pm - 5:30pm	\$49.00	Х	=
FULL TIME OPTION	7:30am-5:30pm	*	5	= \$555.00*

After School C	_are	C = 2	:uupm -	- 5:30pn	٦	\$2	19.00	Х		=		
FULL TIME OPTIC	N	7:30am-5:30pm			n		*	5		=	= \$555.00*	
Time Blocks A, B and C will be added to the monthly class tuition rate.												
* The FULL TIME OPTION includes the monthly class tuition fee and Blocks A, B and C.												
							Check ☑				•	
Name of Child							can be re		_			
Name of Child:												
Parent's/Guardian's Name(s):							□Cell Phone: □Work Phone:					
Diagon a chook 7		ina a Dia	alraa			dan e a f		IWORK F	none:_			
Place a check⊠ FIRST SEMESTER	in the i	ıme Bio	cks you	need to	r eacn	=		TED				
AUGUST	NA	T	\A/l	Th	F.:	30	COND SEMES JANUARY	Mon	Tues	Wed	Thurs	Fri
A 7:30-8:45AM	Mon	Tues	Wed	Thurs	Fri	Α	7:30-8:45AM	IVIOII	1 000	vvca	mais	
B 12:00-2:00PM						В	12:00-2:00PM					
C 2:00-5:30PM						С	2:00-5:30PM					
2.00 0.001 W												
SEPTEMBER	Mon	Tues	Wed	Thurs	Fri		FEBRUARY	Mon	Tues	Wed	Thurs	Fri
A 7:30-8:45AM			1100			А	7:30-8:45AM					
B 12:00-2:00PM						В	12:00-2:00PM					
C 2:00-5:30PM						С	2:00-5:30PM					
				<u> </u>				1			1	
OCTOBER	Mon	Tues	Wed	Thurs	Fri		MARCH	Mon	Tues	Wed	Thurs	Fri
A 7:30-8:45AM						Α	7:30-8:45AM					
B 12:00-2:00PM						В	12:00-2:00PM					
C 2:00-5:30PM						С	2:00-5:30PM					
			I	ı		_		T				
NOVEMBER	Mon	Tues	Wed	Thurs	Fri		APRIL	Mon	Tues	Wed	Thurs	Fri
A 7:30-8:45AM						A	7:30-8:45AM					
B 12:00-2:00PM							12:00-2:00PM					
C 2:00-5:30PM						С	2:00-5:30PM					
DECEMBER	N 4 =	T	\A/I	Thurs	F.:		MAY/JUNE		T	147 - 1	T	
A 7:30-8:45AM	Mon	Tues	Wed	Thurs	Fri	A	7:30-8:45AM	Mon	Tues	Wed	Thurs	Fri
B 12:00-2:00PM						В	12:00-2:00PM					
C 2:00-5:30PM						С	2:00-5:30PM					
2.00 0.001 101							2.00-0.301 101					
Changes in Scheduled Care must be communicated to the Director by the 25th day of the month prior to												
change what will be billed.												

Signature: