

Scheduled Extended Care Form

Scheduled EXTENDED CARE	TIME BLOCK	Monthly Fee for one day of the week	Number of Days Per Week	Total Monthly Cost
Early Morning Care	A 7:30am – 8:45am	\$18.00	x	=
After School Care	B 12:00pm – 2:00pm	\$29.00	x	=
After School Care	C 2:00pm - 5:30pm	\$49.00	x	=
FULL TIME OPTION	7:30am-5:30pm	*	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 ☐ beside the number where you can be reached during child care hours.

Name of Child: _____ ☐ Home Phone: _____

Parent's/Guardian's Name(s): _____ ☐ Cell Phone: _____

_____ ☐ Work Phone: _____

Place a check ☒ in the Time Blocks you need for each day of the month.

FIRST SEMESTER

AUGUST	Mon	Tues	Wed	Thurs	Fri
A 7:30-8:45AM					
B 12:00-2:00PM					
C 2:00-5:30PM					

SEPTEMBER	Mon	Tues	Wed	Thurs	Fri
A 7:30-8:45AM					
B 12:00-2:00PM					
C 2:00-5:30PM					

OCTOBER	Mon	Tues	Wed	Thurs	Fri
A 7:30-8:45AM					
B 12:00-2:00PM					
C 2:00-5:30PM					

NOVEMBER	Mon	Tues	Wed	Thurs	Fri
A 7:30-8:45AM					
B 12:00-2:00PM					
C 2:00-5:30PM					

DECEMBER	Mon	Tues	Wed	Thurs	Fri
A 7:30-8:45AM					
B 12:00-2:00PM					
C 2:00-5:30PM					

SECOND SEMESTER

JANUARY	Mon	Tues	Wed	Thurs	Fri
A 7:30-8:45AM					
B 12:00-2:00PM					
C 2:00-5:30PM					

FEBRUARY	Mon	Tues	Wed	Thurs	Fri
A 7:30-8:45AM					
B 12:00-2:00PM					
C 2:00-5:30PM					

MARCH	Mon	Tues	Wed	Thurs	Fri
A 7:30-8:45AM					
B 12:00-2:00PM					
C 2:00-5:30PM					

APRIL	Mon	Tues	Wed	Thurs	Fri
A 7:30-8:45AM					
B 12:00-2:00PM					
C 2:00-5:30PM					

MAY/JUNE	Mon	Tues	Wed	Thurs	Fri
A 7:30-8:45AM					
B 12:00-2:00PM					
C 2:00-5:30PM					

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: _____ Date: _____