

Extended Care Enrollment

School Year _____

Child's Name _____ Child's Teacher _____

Please check the following as applicable:

My child will be using *Morning Extended Care* on the following days:

| | | | | |
|-------|-------|-------|-------|-------|
| Mon | Tue | Wed | Thu | Fri |
| _____ | _____ | _____ | _____ | _____ |

My child will be using *Afternoon Extended Care* on the following days:

| | | | | |
|-------|-------|-------|-------|-------|
| Mon | Tue | Wed | Thu | Fri |
| _____ | _____ | _____ | _____ | _____ |

_____ My child will be using *Afternoon Extended Care* on an "as needed" basis.*

* Note: It is the responsibility of each parent(s) to notify the teacher in writing or the school office by phone whenever your child will be attending *Afternoon Extended Care*.

Transportation

Child's bus number _____

_____ My child will be a car rider

_____ My child will be a walker

Any change in transportation must be accompanied by a note to the office.

Signature _____ Date _____