



2025-2026 Extended Care Registration

Student: _____ Grade: _____

Mailing Address: _____

Mother/Guardian Name: _____

Cell: _____ Email: _____ Other: _____

Father/Guardian Name: _____

Cell: _____ Email: _____ Other: _____

Parent/Guardian Signature: _____

Registration: \$50 per student Paid: _____ Date: _____

Select Time Needed:

_____ Morning Care Only: (7:00am -8:00am).....Weekly fee of \$25

_____ Afternoon Care Only: (3:00pm – 6:00pm).....Weekly fee of \$75

_____ Both Morning & Afternoon.....Weekly fee of \$100

*Penalty: First minute after 6pm you will be charged \$6.00 ... and \$1.00 for each additional minute.

