



## Request for Extended Day Care 2011 – 2012

Parent's/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Times for Care Needed: \_\_\_\_\_ Annual \_\_\_\_\_ Drop in \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Times for Care Needed: \_\_\_\_\_ Annual \_\_\_\_\_ Drop in \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Times for Care Needed: \_\_\_\_\_ Annual \_\_\_\_\_ Drop in \_\_\_\_\_

I understand that if I have selected to pay for this service on an annual basis, I will pay the fee for Extended Day Care service by October 31, 2011. If I do not pay the fee by this time, I understand that my child(ren) will not be able to attend the program until the entire amount owed for this service has been paid. I understand that if I use the drop in program that I will pay for this service within 30 days of billing. I also understand that if I do not pay the fee by this time, my child(ren) will not be able to attend the program until the entire amount owed for this service has been paid.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date