

# Early Care and/or Extended Day

Fee's for service provided on the back of this form.

**\*Enrollment date:** \_\_\_\_\_

\*Must be on or before the 20<sup>th</sup> of the month to join the class the 1<sup>st</sup> of the next month.

**Child's Name** \_\_\_\_\_ (print)

**Child's Classroom:** N #1 #2 #3 #4 **DAYS:** MWF T/TH M-F

**Parent's names** \_\_\_\_\_ (print)

**Choose service needed:** EARLY CARE \_\_\_\_\_ EXTENDED DAY \_\_\_\_\_ Early and Extended Day \_\_\_\_\_

**Care will begin on:** \_\_\_\_\_

Early and Extended Care fees are non-transferable, and a 30-day notice must be given to terminate this service for the rest of the year. (Payment schedules on the back)

**Cost added to monthly tuition:** \_\_\_\_\_ (Must have paid processing fee for monthly billing.)

**Annual payment:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

Office Use:

\_\_\_\_\_ Monthly Payment added to tuition. Annual Payment received and recorded. Check # \_\_\_\_\_ / Online payment \_\_\_\_\_.