



## Extended Care Registration Form 2026-2027

Name of Child \_\_\_\_\_

Child's D.O.B. \_\_\_\_\_ Child's Class: \_\_\_\_\_ K3 \_\_\_\_\_ VPK

Morning Care Hours: 8 a.m.-9 a.m.

Lunch Bunch Hours: 12 p.m.- 1 p.m.

Aftercare Hours: 1:00 p.m.-3 p.m.

Please check your child's current class schedule: **Monthly Amount**  
(You must register for the same number of days your child will attend.)

Morning Care:

_____ 2 days	\$72.00
_____ 3 days	\$108.00
_____ 5 days	\$180.00

Lunch Bunch:

_____ 2 days	\$72.00
_____ 3 days	\$108.00
_____ 5 days	\$180.00

Aftercare:

_____ 2 days	\$144.00
_____ 3 days	\$216.00
_____ 5 days	\$360.00

Extended Care Monthly Total **\$** \_\_\_\_\_

\*Drop-in days are subject to availability and will be charged at a rate of \$9 per hour.

\*There is a 10% tuition discount for full-time extended care when paid monthly.

I agree to pay the additional extended care payment at the first of each month with my regular tuition payment. I understand that I am paying a discounted amount, and credits will not be given for extended days my child does not attend.

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

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Registration Accepted Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Teacher \_\_\_\_\_