Enrollment Form – 2010-2011
For Early Drop Off/After School/Extended Care

Early Drop Off ____ After School____ Both____ Extended Care____
7:15-7:45 a.m. 3:15-5:30 p.m. 3 yr old___(Tue/Th only)
4 yr old___(Mon.-Fri.)

Family Name:_____

List individual students/grade	Name	Grade
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Address:_____
City:_____State:_____Zip:_____
Parents/Guardians:_____
Address:_____
City:_____State:_____ Zip:_____
Phone:_____(home)_____(work)_____(cell)

To insure adequate staffing each day it is necessary for families to indicate a set number of days that their child(ren) will attend the **Early Drop Off** and/or **After School Care** or **Extended Care**

Mon._____	Mon._____	Mon._____
Tues._____	Tues._____	Tues._____
Wed._____	Wed._____	Wed._____
Thurs._____	Thurs._____	Thurs._____
Fri._____	Fri._____	Fri._____

_____ In need of flexible scheduling*
*A staff member will contact you to make arrangements.
Please note: Flexible scheduling allows families to move days around each week.

For the financial stability of the program families must commit to a set number of days each week.