

EXTENDED CARE SERVICES FORM

Student Name: _____ **Class:** _____

This form is to be completed ONLY if your needs extended care hours outside of the Preschool Day, 9:30AM-12:30PM. Please check all that apply by filling in the Morning Care **drop off time**, After Care **pick up time**, and any Lunch Bunch days needed. All Extended Care Service rates are based on the ½ hour. Please note Lunch Bunch is a 2 hour option only from 12:30PM – 2:30PM. Annual Tuition mount is a total of Preschool tuition and Extended Care tuition. The annual amount is broken down into 10 equal monthly payments due the first of the month beginning 8/1 and ending on 5/1.

<u>EXTENDED SERVICE NEEDED</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
Morning Care Drop Off Time					
LUNCH BUNCH 12:30pm-2:30pm 2 HRS/DAY					
After Care Drop Off Time					

For Office Use Only

TOTAL HOURS PER DAY					
Preschool Annual Tuition: _____			Extended Care Annual Tuition: _____		
Total Annual Tuition: _____			Monthly Tuition Rate: _____		
Notes: _____					

 Parent Signature

 Date

 Staff Initials