



PC ___/___/___
Initials _____
MC Primary ___/___/___
Initials _____
BO ___/___/___
Disc ED _____
Initials _____
☐ Anytime Plan

Extended Day Registration
President's Day
Monday, February 15, 2021

REGISTRATION FORM DUE ON OR BEFORE January 22nd

Child's Name: _____ Class: _____

Please check the boxes for the days/times your child will need care:

Monday, February 15th:

Yes, my child will attend 8:15 a.m. – 3:30 p.m. (\$35) ☐

Yes, my child will attend ½ **Day** 8:15 a.m. – 12:30 p.m. (\$25) ☐

My child will need **Extended Hours** from 7:00-8:00 am (\$.10/minute) ☐

My child will need **Extended Hours** from 3:30-6:00 pm (\$.10/minute) ☐

NON CDSA Students – attending 8:15AM – 3:30PM (\$45) ☐

ANYTIME PLAN:

My child is on the Anytime ED Plan and they ☐ will ☐ will not be attending

If your child is attending extended day, **please** remember to provide a lunch for him/her.

Lunch is not provided.

A pre-registration form must be completed and returned to the Administrative Assistant by the designated deadline stated above. In order to maintain ratios, **no drop-ins** will be allowed. Thank you!

You will be invoiced for any holiday/early dismissal extended day for which you register, whether or not your child actually attends.

Parent Signature

Date

Please telephone the ED cell to speak with staff during Extended Day: **817-253-9994**