



PC ___/___/___
Initials ____
MC Primary ___/___/___
Initials ____
BO ___/___/___
Disc ED ____
Initials ____
 Anytime Plan

Extended Day Registration

Dr. Martin Luther King, Jr. Holiday

Monday, January 15, 2024

REGISTRATION FORM DUE ON OR BEFORE **FRIDAY, DECEMBER 8th**

Child's Name: _____ Class: _____

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

Monday, January 15th:

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

Yes, my child will attend 8:15AM–3:30PM (\$35)

Yes, my child will attend ½ **Day** 8:15AM–12:30PM (\$25)

My child will need **Extended Hours** from 3:30–5:30PM (\$.10/minute)

▶ Not currently enrolled NON CDSA Students / Alumni from 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**

Revised: 08-02-2023