



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

Extended Day Registration
Dr. Martin Luther King, Jr. Holiday
Monday, January 15, 2018

REGISTRATION FORM DUE ON OR BEFORE DECEMBER 15th

Child's Name: _____ Class: _____

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

Monday, January 15th:

- Yes, my child will attend 8:15 a.m. – 3:30 p.m. (\$30)
- Yes, my child will attend ½ **Day** 8:15 a.m. – 12:30 p.m. (\$20)
- 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 (\$40)

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**