

Family last name: _____

Before-School Care Registration – Monday-Friday 7:15-8:15

Days Registering: Monday Tuesday Wednesday Thursday Friday

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

Comments:

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After-School Care Registration – Monday-Thursday 2:45-5:30

Please fill out both the days and expected time of pick-up. This may be changed as necessary.

Days Registering: Monday Tuesday Wednesday Thursday

Expected time of pick up:

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

Comments:

Please complete and return the entire form to the school office via email or in person. Thank you!