

Registration Form Extended Day Program

Please refer to the Extended Day Program description sheet for more detailed information on eligibility, times, payment due dates and rates.

Please use one form for each child being registered in the Extended Day Program.

Child's name: _____

Parent's Names _____

Address: _____

Phone number: (H) _____ (C) _____

GLP class enrolled in: (circle one)

PK A

PK B

PS A

PS B

I would like to register my child in: (check all that apply)

Before School Care: ___M___T___W___Th___F

Hours of care needed: _____

After School Care: ___M___T___W___Th___F

Hours of care needed: _____

B/A School Care Combo: ___M___T___W___Th___F

Hours of care needed: _____

Friday Care: ___yes

Hours of care needed: _____

Weekly cost: _____ (Please see Director for assistance.)

Parent's Signature

Date

Allergies/Medical Concerns: _____

Emergency Contact: _____

Name

Phone number(s)

* Parents are responsible for making payments on all scheduled days unless the school is closed. (ex. holidays, snow days, etc...)

*Parents may change their child's extended day schedule at any time, but must give a 2 week notice.

*GLP reserves the right to cancel any part(s) of the Extended Day Program due to low enrollment.

*Please send your child with a small blanket and comfort toy (optional) to use at Rest Time.