

**Bright School
2008-2009
EXTENDED CARE PROGRAM APPLICATION FOR PRE-KINDERGARTEN**

Student's Name _____ Grade/Teacher _____

Parent/guardian address _____

Telephone No: home _____

Work (mother) _____ cell(mother) _____

Work (father) _____ cell(father) _____

Emergency Number (Other than Parents) _____

Allergies or Medical Problems _____

Your child may attend on a "drop-in" basis, provided this does not exceed 2 days per week. If your child will be attending as many as 3 days per week you will need to circle the days needed. This is very important for us to staff adequately.

Please circle the extended care days desired:

Daily Rates:

Circle Days Needed

1:00-3:00 (\$8.00/day)	M	TU	W	TH	F
1:00-4:00 (\$11.00/day)	M	TU	W	TH	F
1:00-5:00 (\$13.00/day)	M	TU	W	TH	F
1:00-6:00 (\$14.00/day)	M	TU	W	TH	F

I give my student permission to participate in extended care activities. **I understand that I will be responsible for charges for the day which my child is enrolled whether or not my child is present.**

Signature of parent/guardian

A non-refundable deposit equal to the total of two weeks care must accompany the application form. This will reserve a spot for your child and will be used as payment for the first two weeks.

Please list any persons other than the emergency contact whom you authorize to pick up your child from Bright School: _____
