

**Bright School Extended Care Program
2011–2012 School Year**

Kindergarten-5th Grade

Student's Name _____ Grade/Teacher _____

Parent/Guardian address _____

Telephone Numbers: Home _____

Parent contact email address: _____

Cell Mother _____ Work Mother: _____

Cell Father _____ Work Father: _____

Emergency Number (other than Parents) _____

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

Allergies or Medical Problems _____

Your child may attend on a “drop-in” basis, provided that this does not exceed more than 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 below. This is to ensure that we have the adequate staff.

Please circle the extended care days desired:

Daily Rates:	Circle Days Needed				
3:00-4:00 (\$6.00/day)	M	TU	W	TH	F
3:00-5:00 (\$8.00/day)	M	TU	W	TH	F
3:00-6:00 (\$10.00/day)	M	TU	W	TH	F

Drop-In Rate will be \$10 a day

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 must accompany the application form. This will reserve a spot for your child and will be used as payment for the first two weeks.