



Extended Care
Registration Form
2025-2026

Parent's Name _____

Address: _____

Child's Name:

Grade

1.	
2.	
3.	

I am registering for:

_____AM Extended Care from 7:00am – 8:00am (\$40/month)

_____PM Extended Care from 2:45 – 6:00pm (\$125/month)

2nd child pays half the monthly cost

Please note that if you are not registered for extended care, the daily morning rate you will be charged is \$2 and the evening rate is \$7 per day.

We will accept payments from **Action for Children** to cover the cost of our Extended Care Program.

In my absence, my child/ren may be picked up from day care by the following adults:

Name and phone number

Name and phone number

Name and phone number

Name and phone number

Parent Signature

Date

I understand that by signing this form, I am committing to the times chosen and will be charged accordingly.