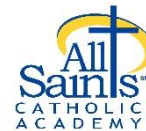


Extended Care

Drop-In Registration



Week of: _____

AM Care:		M	T	W	TH	F
Name	_____					
Grade	_____					
	Homeroom _____					
Name	_____					
Grade	_____					
	Homeroom _____					
Name	_____					
Grade	_____					
	Homeroom _____					

Please circle day(s). The drop-in rate for AM Care is \$6.00 (per day, per student).

All services are billed monthly through FACTS, which will occur the first week of the following month. Payment is due within 10 days from the date of invoice/billing.

Office use only: Received date: _____ Received by: _____