

**For Office Use Only**

**OPTION 1 - SEMESTER PAYMENTS** Fall Amt. \$ \_\_\_\_\_ Ck # \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Spring Amt. \$ \_\_\_\_\_ Ck # \_\_\_\_\_ Date Rec'd \_\_\_\_\_

**OPTION 2 - MONTHLY PAYMENTS**

Aug/Sept \$ \_\_\_\_\_ Ck # \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Oct. \$ \_\_\_\_\_ Ck # \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Nov. \$ \_\_\_\_\_ Ck # \_\_\_\_\_ Date Rec'd \_\_\_\_\_

Dec. \$ \_\_\_\_\_ Ck # \_\_\_\_\_ Date Rec'd \_\_\_\_\_

**EXTENDED DAY REGISTRATION (2019-2020) FALL SEMESTER**

I hereby register my child, \_\_\_\_\_, in the Extended Day Program at Second Presbyterian Weekday School.

\_\_\_\_\_ Permanent Registration (\$6.50 Early Morning, \$22 Lunch Bunch, \$13 After Care)

\_\_\_\_\_ Occasional Use – Subject to availability; call the Extended Day Coordinator to schedule. **Payment is expected prior to or on the date of attendance. (\$8.00 Early Morning, \$25 Lunch Bunch, \$15 After Care)**

Enrolled in: Infant/Toddler \_\_\_\_\_ 2s \_\_\_\_\_ 3s \_\_\_\_\_ 4s \_\_\_\_\_ AM Kindergarten \_\_\_\_\_ All Day Kindergarten \_\_\_\_\_

Allergies/Special Notes: \_\_\_\_\_

Emergency Contact Numbers: \_\_\_\_\_  
Name and Number (s) Name and Number(s)

Persons authorized to pick up my child:

\_\_\_\_\_  
Name Phone Name Phone Name Phone

**EXTENDED DAY FEE CALCULATIONS:** Please circle the amount listed for the days of your registration, subtotal by service and then total the fees to determine the amount due for the semester. Then select your payment option for the semester.

**FALL PAYMENT OPTIONS**

**Option 1** Single Payment Due August 1st

**Option 2** Monthly Payments

Total Fall Registration Fee \_\_\_\_\_ /4 months =

Amount Due on Aug. 1, Oct. 1, Nov. 1 and Dec. 1

FALL SEMESTER EXTENDED DAY FEES						
Service	Mon.	Tues.	Wed.	Thurs.	Fri.	Service Subtotal
Early Morning (8:00 – 9:00)	\$104.00	\$110.50	\$104.00	\$104.00	\$84.50	\$
Lunch Bunch (12:15 – 3:00)	\$286.00	\$374.00	\$352.00	\$352.00	\$286.00	\$
After Care (3:00 – 5:00)	\$169.00	\$221.00	\$208.00	\$208.00	\$169.00	\$
<b>Total Fall Registration Fee</b>						<b>\$</b>

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return this form with your check for the 1<sup>st</sup> semester or 1<sup>st</sup> month payable to Second Presbyterian Weekday School and designate for Extended Day in the memo section by August 1<sup>st</sup>.***