St. Albans Country Day School 2022-2023 EXTENDED DAY CARE ENROLLMENT FORM

for

Students Who Use Day Care On A Regular Basis

My child, (and)		(please print)	, ,	,	/ /
will be enroll year.	ed in St. Alba	ns Extended D	Day Care Progra	am during the 20	122-2023 school
Rate:	Hourly Basis Additional Child		\$6.50 per hou \$6.25 per hou		
My child will participate in the program as indicated below.					
My family will use the Extended Day Care Program according to the following schedule:					
Monday		Hours:			
Tuesday		Hours:			
Wedn	Wednesday		Hours:		
Thurs	Thursday		Hours:		
Friday	Friday				

Please indicate the ratings of movies that are acceptable for your child to view:

G (12:15-3:00 p.m.) ____ PG (3:00-6:00 p.m.) ____ Early dismissal days G (12:15-1:30 p.m.) PG (1:30-6:00 p.m.)

Additional information regarding your schedule:

Signature of Parent_____