

Lake Country School Children's House Extended Day Application 2011-12

Child's Full Name _____

Level (Please Circle) CH 1/2 CH Full
 Classroom

Address _____

Birth Date _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 E-Mail Address _____
 Emergency Contact _____
 Relationship with Child _____
 Phone Number _____

Effective Date _____

Signature _____

MONTHLY BILLING IS DETERMINED BY THE CONTRACTED AMOUNT PLUS OVERAGES, NOT BY ACTUAL ATTENDANCE

	Monday	Tuesday	Wed.	Thursday	Friday
7:30 am - 9:00 am (\$9.00)					
8:00 am - 9:00 am (\$6.00)					
12:00 pm - 4:00 pm (\$24.00)					
4:00 pm - 5:00 pm (\$6.00)					
4:00 pm - 5:30 pm (\$9.00)					
4:00 pm - 6:00 pm (\$12.00)					

Please Note: For re-enrolling students, this completed form is due in the office by March 15, 2011. All contracts received by March 15 for the following school year will be given priority over any contract received after that date. Five-day-a-week contracts received by the due date have priority over part-time contracts received by the due date. Admission to the Children's House Extended Day is limited. This contract is confirmed when countersigned by the Extended Day Coordinator.

Extended Day Coordinator Signature _____

Date _____