

# HFS-Extended Day Program Sign-Up Form

## Return to Office By June 4, 2007

Family Name: \_\_\_\_\_

Sign up for: Individual Days or A Week

	Time	Price/Child
_____ Mondays	3:30-5:30	\$7.00
_____ Tuesdays	3:30-5:30	\$7.00
_____ Wednesdays	3:30-5:30	\$7.00
_____ Thursdays	3:30-5:30	\$7.00
_____ Fridays	3:30-5:30	\$7.00
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_____ All Week	3:30-5:30	\$35.00/Child
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_____ Early Release	11:30-3:30	\$12.00/Child
_____ Days	3:30-5:30	+ \$7.00

**Sign up for Early Release Days below:**

\_\_\_\_\_ Sep. 28      \_\_\_\_\_ Oct. 19      \_\_\_\_\_ Nov. 9      \_\_\_\_\_ Dec. 7  
\_\_\_\_\_ Jan. 18      \_\_\_\_\_ Feb. 29      \_\_\_\_\_ Mar. 14      \_\_\_\_\_ Apr. 25  
\_\_\_\_\_ May 23

Student Names/Grades: \_\_\_\_\_

Parent Phone: Home/Day/Cell \_\_\_\_\_

Emergency Contact Person – Name and phone numbers \_\_\_\_\_

Method of Payment:

\_\_\_\_\_ Weekly Check      \_\_\_\_\_ Monthly Check      \_\_\_\_\_ Bill Me Monthly

Parent Signature \_\_\_\_\_