



Aftercare Enrollment Form 2011-2012

Child's Name:	Grade:	Home Phone #:
Mother's Name:	Phone (work):	(Cell):
Father's Name:	Phone (work):	(Cell):
EMERGENCY CONTACT:	Phone #1:	Phone #2:

JANUARY 2012

Monday	Tuesday	Wednesday	Thursday	Friday
2 <i>No School New Years Day</i>	3 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	4 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	5 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	6 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day
9 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	10 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	11 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	12 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	13 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day
16 <i>NO SCHOOL Martin Luther King Day</i>	17 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	18 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	19 <input type="checkbox"/> ½ day Full Day	20 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day
23 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	24 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	25 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	26 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	27 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day
30 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	31 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day			

JANUARY TOTAL:

_____ ½ days X \$8.00 = _____

_____ Full days x \$15.00 = _____

*10% Sibling Discount (FULL WEEK ONLY)

Paid Check#: _____ Amount: _____ Date: _____

FEBRUARY →



Aftercare Enrollment Form 2011-2012

Child's Name:	Grade:	Home Phone #:
Mother's Name:	Phone (work):	(Cell):
Father's Name:	Phone (work):	(Cell):
EMERGENCY CONTACT:	Phone #1:	Phone #2:

FEBRUARY 2012

Monday	Tuesday	Wednesday	Thursday	Friday
		1 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	2 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	3 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day
6 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	7 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	8 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	9 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	10 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day
13 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	14 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	15 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	16 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	17 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day
20 <i>NO SCHOOL Mid-Winter Recess</i>	21 <i>NO SCHOOL Mid-Winter Recess</i>	22 <i>NO SCHOOL Mid-Winter Recess</i>	23 <i>NO SCHOOL Mid-Winter Recess</i>	24 <i>NO SCHOOL Mid-Winter Recess</i>
27 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	28 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day	29 <input type="checkbox"/> ½ day <input type="checkbox"/> Full Day		

FEBRUARY TOTAL:

_____ ½ days X \$8.00 = _____

_____ Full days x \$15.00 = _____

*10% Sibling Discount (FULL WEEK ONLY)

Paid Check#: _____ **Amount:** _____ **Date:** _____