

PRESCHOOL EXTENDED CARE REGISTRATION

APRIL Code: **20799**

Registration and payment must be received by Noon Friday prior to the week you want your child to attend. Late registration will not be accepted. Registration Forms with payment can be processed at the Front desk, faxed to 847-531-7020 or emailed to: Reynolds_K@cityofelgin.org.

Child's Name _____ Date of Birth _____

Class: _____ Class Meets on: M T W Th F Class Start: _____ End Time: _____

Medical Conditions _____

Parent's Name _____ Best Phone # _____

Email _____ Parent Signature _____

2 People Authorized to pick up: Name _____ Phone _____
(other than parents)

Name _____ Phone _____

I am registering for: _____ Before Care only (\$4/day)
(Check one) _____ After Care only (\$4/day)
_____ Before/After Care (\$6/day)

MONTHLY SCHEDULE

(Please check mark all the days that you will need care)

APRIL 2017					There is a maximum of 1 hour extended care before and/or after the start time of your child's specific preschool class. Late fees of \$1.00 per minute will be applied after 10 minutes and repeat offenses will result in disenrollment from the program. *Shaded days are not available for extended care
Mon	Tues	Wed	Thu	Fri	
3	4	5	6	7	
10	11	12	13	14	
17	18	19	20	21	
24	25	26	27	28	

Monthly Extended Care Due: \$ _____

(#Days x Care Option Fee= Monthly Fee Due)

FORM OF PAYMENT

_____ Cash Amt. _____ Check Amt. _____ Credit Card Amt.

Credit Card Information: Type: Visa MC Discover

Card Number _____ - _____ - _____ - _____ Exp. Date _____

Name on Card _____

Signature _____