

# PRESCHOOL EXTENDED CARE REGISTRATION

MAY Code: 20800

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)

MAY 2017				
Mon	Tues	Wed	Thu	Fri
1	2	3	4	5
8	9	10	11	12
HAVE A WONDERFUL SUMMER!				

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 _____		